

**McKinney Independent School District  
Gift Acceptance Request Form**

To: The Office of the Superintendent

From: \_\_\_\_\_ At: \_\_\_\_\_  
Principal/Administrator Campus/Department

Date: \_\_\_\_\_

Please approve a gift of either (A) or (B) from:

Name and/or Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**(A.) Money**

In the amount of (receipt attached) \$ \_\_\_\_\_

These monies will be used for: \_\_\_\_\_

And will be expended from:

Fund	Function	Object	Sub-Obj	Org	PIC	Amount
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____

**(B.) Supplies/Equipment**

Description:	Estimated Value
_____	\$ _____
_____	\$ _____
<b>Total Estimated Value</b>	<b>\$ _____</b>

**Equipment will be installed/maintained/replaced with District funds only as designated by signature of the appropriate Director, below:**

- \_\_\_\_\_ Equipment will be supported and maintained with district-appropriated funds.
- \_\_\_\_\_ All associated costs, initial and future, remain the responsibility of the accepting campus.
- \_\_\_\_\_ Item or service is not cost-effective to maintain in the best interest of MISD. District-appropriated funds will not be expended for costs associated with this gift.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Asst. Superintendent of Support Services,  
Chief Financial Officer, or Senior Director of  
Technology

Items valued over \$5,000 must be tagged with McKinney ISD fixed asset tag upon acceptance. Manufacturer & model required for all equipment. Proof of ownership must be transferred with software.

\*\*\*\*\*Superintendent Approval Required For All Gifts\*\*\*\*\*

**The office of the Superintendent recommends to**

\_\_\_\_\_ **Approve**  
\_\_\_\_\_ **Disapprove**

**acceptance of the gift(s) as specified above.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Superintendent**