



ACCEPTANCE OF DONATION
JEFFERSON PARISH PUBLIC SCHOOL SYSTEM

TO: Sarah Caruso, Chief Financial Officer
Jefferson Parish School Board

DATE: _____

FROM: (Donor Information)

Name: _____

Title: _____

Business Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

List below the item(s) donated and the estimated monetary value:

Item \$ Value

Item	\$ Value
_____	_____
_____	_____
_____	_____
_____	_____

The item(s) listed above have been donated to the following school:

_____ and are
henceforth the property of the Jefferson Parish School Board.

Principal's Signature: _____

Donor's Signature: _____

Approval Signature:

Sarah Caruso, Chief Financial Officer

Send form with attached documentation/check within one week of donation.