

### **Canutillo Independent School District**

7965 Artcraft Rd. El Paso, Texas 79932 Mailing Address: PO Box 100 Canutillo, Texas 79835

Ron Gatlin
Purchasing Agent

(915) 877-7426 FAX (915) 877-7415 rgatlin@canutillo-isd.org

#### **MEMORANDUM**

TO:

Members of the Board of Trustees

FROM:

Ron Gatlin, Purchasing Agent

DATE:

November 13, 2013

SUBJECT: Acceptance of Donations to Canutillo ISD

The attached forms list the donations that have been received by the district and are being submitted for your review and consideration under the Consent Agenda. Additional supporting documentation is attached.

#### **District Donations**

**Total Value** 

\$7608.75

The Canutillo Independent School District does not discriminate on the basis of race, color, national origin, gender, age or disability in its employment practices, or in providing education services, activities and programs, including technical education programs. For more information regarding the Canutillo Independent School District's policy of non-discrimination contact: Executive Director for Human Resources, (915) 877-7423, 7965 Arteraft Rd., El Paso, TX 79932.

El Distrito Escolar Independiente de Canutillo no discrimina en cuanto a raza, color, origen, género, edad o discapacidad en lo que se refiere a sus prácticas de empleo, o al proveer servicios, actividades y programas educativos y vocacionales. Para mayor información respecto a la política de no discriminación del Distrito Escolar Independiente de Canutillo, favor de contactar a: Director Ejecutivo de Recursos Humanos, (915) 877-7423, 7965 Artcraft Rd., El Paso, TX 79932.



On behalf of the CISD, I am asking t	hat you approve the acce	ptance of the fo	ollowing items:
Donation Desripti	on	Quantity	Value
Check# 178247		1	#101 20
CEC entertainment AKA Che	icktCheese		4 101.35
		end district	
Purpose of donation: Funds w	ill be used to	purchas	e incontres ar
awards for students.	or perfect attendance	, haven to ken	s, raven clab.
On the state of th			
Donor or Donor Organization Nam	ie: CECentertain	mont	
Address, City, State & Zip Code:	441 West Airpo	rt Freeway	
	Irving TX 7506		
	etary donation		
☐ This don	ation will be recorded in the	ne campus/dep	artment activity acco
∑ This don	ation is for the benefit of t	he following clu	b or team
and will b	e recorded in their accou	int if the donation	on is
Student Activity	8/500	2195.00.	105.00
Club Name	Account Num		103,00
1, m.	Account Num	ber	
Aherullauson	11-4-1	3	
Sponsor's Signature /	Date	AND THE PARTY OF THE	
그리고 하는 사람이 가장 살아왔다면 하는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이다.		V Va	
Donation has been received and is p	ending approval	A TES	
Donation has been received and is p If yes, list Miscellaneous Receipt #	ending approval	A N	S O
Donation has been received and is p If yes, list Miscellaneous Receipt #	ending approval	d s	5 O
Donation has been received and is p If yes, list Miscellaneous Receipt # REQUESTER'S SIGNATURE:	ending approval 16640 Aberus Ma	N 0 N	s 0 13
If yes, list Miscellaneous Receipt #	ending approval Llo(040  Shory Ma Principal/Department Head	N   N   N   N   N   N   N   N   N   N	5 0 13
If yes, list Miscellaneous Receipt #  REQUESTER'S SIGNATURE:	Llo(040  Sherye Ma Principal/Department Head	yrom/1-8	-13
If yes, list Miscellaneous Receipt #	16640 Shery ma	Date N	-13 12/13
If yes, list Miscellaneous Receipt #  REQUESTER'S SIGNATURE:  ACCEPTANCE APPROVAL:	Holo40  Abery Ma Principal/Department Head  Mathe Business Services Executive Dire	ctol Date	-13 12/13
If yes, list Miscellaneous Receipt #  REQUESTER'S SIGNATURE:	Holo40  Abery Ma Principal/Department Head  Mathe Business Services Executive Dire	ctol Date	12/13 12/13
If yes, list Miscellaneous Receipt #  REQUESTER'S SIGNATURE:  ACCEPTANCE APPROVAL:	Holo40  Abery Ma Principal/Department Head  Mathe Business Services Executive Dire	ctol Date	12/13
If yes, list Miscellaneous Receipt #  REQUESTER'S SIGNATURE:  ACCEPTANCE APPROVAL:	Holo40  Alexanta Principal/Department Head  Mathe Business Services Executive Directions  IIRED, PLEASE FORWARD	ctol Date	-13 12/13
If yes, list Miscellaneous Receipt #  REQUESTER'S SIGNATURE:  ACCEPTANCE APPROVAL:  F ADDITIONAL APPROVALS ARE REQUESTED.	Holo40  Alexanta Principal/Department Head  Business Services Executive Director of	ctol Date	-13 12/13
f yes, list Miscellaneous Receipt #  REQUESTER'S SIGNATURE:  ACCEPTANCE APPROVAL:  F ADDITIONAL APPROVALS ARE REQUESTED APPROV	Holo40  Alexanta Principal/Department Head  Mathe Business Services Executive Directions  IIRED, PLEASE FORWARD	TO:	-13 12/13
f yes, list Miscellaneous Receipt #  REQUESTER'S SIGNATURE:  ACCEPTANCE APPROVAL:  F ADDITIONAL APPROVALS ARE REQUESTED APPROVALS APPR	Holo40  Alexanta Principal/Department Head  Business Services Executive Director of	TO:	-13 12/13
If yes, list Miscellaneous Receipt #  REQUESTER'S SIGNATURE:  ACCEPTANCE APPROVAL:  F ADDITIONAL APPROVALS ARE REQU  Technology Approval:	Holo40  Alexanta Principal/Department Head  Business Services Executive Director of	TO:	=-13  12- 13  -

ONE HUNDRED EIGHTY ONE AND 35/100 \*\*\*\*
DOLLARS Check No. 178247 178247

entertainment 4441 West Amont Freneny - bung, TX 75062

GONZALO AND SOPHIA GARCIA

\$\*\*\*\*\*181.35

CONTROL DISBURSEMENT ACCOUNT



Date of request: 10/23/13
On behalf of the CISD, I am asking that you approve the acceptance of the following items:
Donation Description  FETC 2014 Full Conference Registration  Fee /  Pee /  Donation Description  Quantity  Value  F2 4 0
Purpose of donation: Pay for Lynn A. Harkins, Instructional Technology
ter (I no cost to our district.
Donor or Donor Organization Name: FETC \ www. FETC. avg Address, City, State & Zip Code: 1471 Timberlane R.O. Tallahassee, FL 323, 850-2/9-9600 (Voice), 850-2/9-9616 (Fax) email: info(2 fetz. org
Check one:
This donation will be recorded in the campus/department activity account
☐ This donation is for the benefit of the following club or team
and will be recorded in their account if the donation is
NA
Club Name Account Number
NA
Sponsor's Signature Date
Donation has been received and is pending approval (see Yes  If yes, list Miscellaneous Receipt # No No
REQUESTER'S SIGNATURE:  April 1 do cu mentation  John 1 do cu mentation  John 1 do cu mentation  Date  Lynn A dorking  Date
ACCEPTANCE APPROVAL:  Business Services Executive Director Date
IF ADDITIONAL APPROVALS ARE REQUIRED, PLEASE FORWARD TO:
Technology Approval:
(If required - All technology related items) Executive/Cirector of School Resturces Date
Facilities Approval:
(If required - Building and grounds modifications/Improvements) Executive Director of Facilities Date
AFTER ALL APPROVALS SEND.

Property donated (and accepted) to the district becomes sole property of the district and cannot be returned to the donor. Donations made to the district or a campus activity account are tax-deductible. Donors should check with their tax-advisor for the donation's tax status when donating to a club or team.



Date of request: 11 8 13	School/D	epartment: 00	E
On behalf of the CISD, I am asking	that you approve the	acceptance of the fo	llowing items:
Donation Desrip	otion	Quantity	Value
(heuc		/ dualitity	12,000
			12,000
Purpose of donation: 5tmd	ent Activity	Accoun	†
Donor or Donor Organization Na Address, City, State & Zip Code:	me: Jose Da	imian Ele	n. PTO
This do	netary donation nation will be recorded nation is for the benefit	in the campus/depa	rtment activity account
and will	be recorded in their ac	count if the denstion	o or team
3.74 17.11	be recorded in their ac	count if the donation	1 15
JDE Student Achi	it. 865.1	00.2193.11.103	NO
Club Name	Account N		.00
	Account	unber	
Sponsor's Signature	Date	-	
o possession or originaturo	Date		
Donation has been received and is If yes, list Miscellaneous Receipt #	pending approval	Yes No	
REQUESTER'S SIGNATURE:	Principal/Department Head	//////////////////////////////////////	1 8
ACCEPTANCE APPROVAL:	Business Services Executive	Director Date	11/12/13
IF ADDITIONAL APPROVALS ARE REQU	JIRED, PLEASE FORWAR	RD TO:	
Technology Approval:			
(If required - All technology related items)	Executive Director of	р.	
	School Resources	Date	
Facilities Approval:			
(if required - Building and grounds modifications/improvements)	Executive Director of Facilities	Date	

AFTER ALL APPROVALS SEND:



Date of request: 11-5-13	School/D	epartment: $\supset \mathcal{D}$	モ
On behalf of the CISD, I am asking t	hat you approve the	acceptance of the fol	lowing items:
Donation Descript	ion	Quantity 6 Baas	Value / 00 . 00
Toys		1 Bag	
Purpose of donation: Help	s Kids		
Donor or Donor Organization Nam Address, City, State & Zip Code:	1309 Canuti	ndozs Branding	Tron 9835
☐ This don: ☐ This don:	netary donation ation will be recorded ation is for the benefi be recorded in their ac	of the following club	
Luz Mendoza Olubrame Voluntoers /			
Sponsor's Signature		-2013	
Donation has been received and is p If yes, list Miscellaneous Receipt #	ending approval	☐ Yes	
REQUESTER'S SIGNATURE:	Principal/Pepartment Head	) (*) (/// Date	13
ACCEPTANCE APPROVAL:	Business Services Executiv	e Director Date	11/12/13
IF ADDITIONAL APPROVALS ARE REQU	JIRED, PLEASE FORWA	RD TO:	
Technology Approval: if required - All technology related items	Executive Director of School Resources	Date	
Facilities Approval:			
(If required Building and grounds madifications/improvements)	Executive Director of Facility	es Date	

AFTER ALL APPROVALS SEND:



Date of request: 11   8   13	_ School/D	epartment: $\mathcal{N}$	)E	_
On behalf of the CISD, I am asking t	hat you approve the	acceptance of the fo	llowing items:	
Donation Desripti	ion	Quantity	Value	7
Banner		1	\$200	_
Purpose of donation: JDE Bank	Distinction	Designa	tions recognition	<u></u> Cshulents
Donor or Donor Organization Nam Address, City, State & Zip Code:	6966 Canutil	Doniphian Dr.		- zwe
☐ This don: ☐ This don:	netary donation ation will be recorded ation is for the benefi be recorded in their ac	t of the following club	o or team	unt
Club Name	Account 1	Number		
Sponsor's Signature	Date			
Donation has been received and is p If yes, list Miscellaneous Receipt #	ending approval	Yes		
REQUESTER'S SIGNATURE:    Audi   al   11/13     Principal/Department Hoad   Date				
ACCEPTANCE APPROVAL:	Business Services Executiv	e Director (Pate	12/13	
IF ADDITIONAL APPROVALS ARE REQU	JIRED, PLEASE FORWA	ARD TO:		
Technology Approval:  (If required - All technology related items)	Executive Director of School Resources	Date	ý.	
Facilities Approval: (If required - Building and grounds modifications/improvements)	Executive Director of Faciliti	es Date	•	

AFTER ALL APPROVALS SEND:



Date of request: 11/11/2013	_ School/D	epartment:	S
On behalf of the CISD, I am asking t	hat you approve the	acceptance of the fol	llowing items:
Donation Desripti	on	Quantity	Value
Coats		30	3
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Purpose of donation: (Oa+	For Chi	dren	
Donor or Donor Organization Nam Address, City, State & Zip Code:	e: Knight Struke	08 Colum	bus
☐ This don	netary donation ation will be recorded ation is for the benefi be recorded in their a	t of the following club	
Club Name	Account	Number	
V A B B D.			
Spansor's Standburg	Date		
Sponsor's Signature Strucke Knickt of Columbia	1		
Donation has been received and is p	ending approval	Y Yes	
If yes, list Miscellaneous Receipt #		□ No	)
REQUESTER'S SIGNATURE:	Principal/Department Head	Ulu 11/1	1/13
ACCEPTANCE APPROVAL:	Business Services Executive	P Director Date 12	13
IF ADDITIONAL APPROVALS ARE REQU	IRED, PLEASE FORW	ARD TO:	
Technology Approval:			-1
If required - All technology related items)	Executive Director of School Resources	Date	
Facilities Approval:			_
If required - Building and grounds modifications/improvements)	Executive Director of Facilit	ies Date	
ASTER ALL ADDROVALS SEND			Elementario de la compansión de la compa

Property denated (and accepted) to the district becomes sole property of the district and cannot be returned to the donor. Donations made to the district or a campus activity account are tax-deductible. Donors should check with their tax-advisor for the donation's tax status when donating to a club or team.



Date of request: 11/7/13	School/D	epartment: CHS	LOTE PBLA
On behalf of the CISD, I am asking	,		
Donation Desrip	tion	Quantity 3 0	Value \$686.40
Purpose of donation: Purcital BESKETS FOR CHS STUD	SE OF TURKEY	15 70 INCLUDE FAMILIES	E IN THANKSCHUING
Donor or Donor Organization Nan Address, City, State & Zip Code:	ne: PLAN B 11395 JAM EL PASO, T	NETWORKS ES WATT DR., X 7936	5, Inc. 15TE A6
<ul><li>☐ This don</li><li>☐ This don</li></ul>	netary donation ation will be recorded ation is for the benefit be recorded in their ac	of the following club	rtment activity account or team
FUTURE BUSINESS LEADE Club Name OF AMERICA AAA Sponsor's Signature	Account N	0. 2198.04. 9 Iumber 19	717.00
Donation has been received and is p f yes, list Miscellaneous Receipt #	pending approval	Yes No	
REQUESTER'S SIGNATURE:	Principal/Department Head	11-11-13 Date	
ACCEPTANCE APPROVAL:	Business Services Executive	Director Date	
F ADDITIONAL APPROVALS ARE REQU	JIRED, PLEASE FORWA	RD TO:	
Cechnology Approval:  f required - All technology related items)	Executive Director of School Resources	Date	
required - Building and grounds modifications/improvements)	Executive Director of Facilities	s Date	

AFTER ALL APPROVALS SEND:

Copy to Campus Original to Finance Accountant

Property donated (and accepted) to the district becomes sole property of the district and cannot be returned to the donor. Donations made to the district or a campus activity account are tax-deductible. Donors should check with their tax-advisor for the donation's tax status when donating to a club or team.



Dute of request: 10 / 14//	3 School/Depar	rtment: Gar	cia Elimenta
On behalf of the CISD, I am asking th	at you approve the acceptan	ce of the followi	ng items:
Donation Descriptio	n	Quantity	Value
C/455100m 5UP		7	\$ 75,00
JTH GRADE			
Purpose of donation: Class	room suppli	es for	5+4
grade classro	om ''		
Donor or Donor Organization Nam	e: 41. 8m	rich	
Address, City, State & Zip Code:			
	Gloria Simi	<i>+h</i>	
Check one: Non-mo	netary donation		
☐ This don	nation will be recorded in the	e school's activity	account
	nation is for the benefit of th		
will be r	recorded in their account if the	he donation is mo	onetary in
Club Name	Account Num	her	
Crab Maino			
Sponsor's Signature	Date		
Donation has been received and is pen		D Ye	
If yes, list Miscellaneous Receipt # _ €	supplies.		0
	10. 2m		10 0- 13
REQUESTER'S SIGNATURE:	Averye 1/1	apsom	10-23-13
	Principal/Department Head	4 Date	11/12
ACCEPTANCE APPROVAL:	mouth	a ague	11/11/12
	Business Services Executive Direct	tor Date	
TE - DEFENDANT - BROOM AS A DE DE	COURSED BY PACE PORTURE	n ro	
IF ADDITIONAL APPROVALS ARE RE	QUIRED, PLEASE FORWAR	D 10:	
Technology Approval:		N.	
If required - All computer related (tems)	Fechnology Coordinator	Date	
Facilities Approval:			
(finsquired - Building and erounds modifications/emprove-neuron	Executive Director of Facilities	Date	
AFTER ALL APPROVALS SEND:			
	Copy to Business Service Original to Campus		

Property doonled cand accepted) to the district occomes sole property of the district and cannot be returned to the donor. Donations made to the district or a campus general rupid are tax deductible. Donors should neck with their rax advisor to the document of the docum



On behalf of the CISD I am asking			Un Middle School
On behall of the Clob, Fam asking	that you approve the a	acceptance of the fo	llowing items:
Donation Desrip	tion	Quantity	Value
20 \$50.00 gift Cards		20	\$50.00
<u> </u>			
	The state of the s		<del> </del>
Purpose of donation: To help Much needed Classroom Wal-Mart Teacher Revi	educators in a supplies. This and program	our facility to	purchase he
Donor or Donor Organization Nar	ne: <u>Mal-//h</u>	VT	
Address, City, State & Zip Code:	451 Kess	Toxas 19	910
		1exas 17	1/2
	/ 6	ft cards)	
			artment activity accoun
	nation is for the benefit		
and will	be recorded in their ac	count if the donation	n is
CMS Faculty			
Club Name	Account N	Number	
July 1	1-1-	25/13	
Sponsor's Signature	Date	25/10	
oponspi s dignatare	Date		
Denotion has been received and in			
Donation has been received and is	pending approval	☐ Yes	
If yes, list Miscellaneous Receipt #		) 140	,
	uh . /	10/25/12	_
REQUESTER'S SIGNATURE:	Principal/Department Head	10/25/13	-
	Principal/Department Fleat		
ACCEPTANCE APPROVAL:	may	~ 11413	5
	Business Services Executiv	Director Date	-
IS ADDITIONAL ADDDOVALO ADS DEC	LUDED DI EACE FORMA	DD TO:	
IF ADDITIONAL APPROVALS ARE REQ	UIRED, PLEASE FORWA	ואט וט:	
Technology Approval:	Evacutive Director of		-
(If required - All technology related items)	Executive Director of School Resources	Date	
Encilities Approvals			
Facilities Approval:		257 18	•
(If required - Building and grounds modifications/improvements)	Executive Director of Facilities	es Date	
AFTER ALL APPROVALS SEND:		West and the second	
	Copy to Camp Original to Finance A	us ccountant	

Property donated (and accepted) to the district becomes sole property of the district and cannot be returned to the donor. Donations made to the district or a campus activity account are tax-deductible. Donors should check with their tax-advisor for the donation's tax status when donating to a club or team.



Date of request: 10-29-1	3 School/[	Department: (HC	- CTE-AL Science
On behalf of the CISD, I am askin	g that you approve the	acceptance of the fo	Howing its and
Donation Desr	ption	Quantity	Value
			110
Purpose of donation:			
Donor or Donor Organization Na Address, City, State & Zip Code:	11199. ROJA	ealth Into	(RNAtiona)
Check one:	onetary donation	122	-
This do	nation will be recorded	in the campus/depar	tment activity account
	nation is for the benefit	of the following dub	or toom
And will	be recorded in their ac	count if the donation	is
Club Name	Account N	5.2198.55.91 Jumber	7.00
Sponser's Signature	Date	1-13	
Donation has been received and is	nending approval	4	
f yes, list Miscellaneous Receipt #	27673,1	▼ Yes   No	
REQUESTER'S SIGNATURE:	Dry Mb	11-4-13	,
ACCEPTANCE APPROVAL:	Business Services Executive	Date	3
F ADDITIONAL APPROVALS ARE REQU		1 2	
echnology Approval:		•	
rèquired - All (echnology related items)	Executive Director of	Date	
acilities Approval:	School Resources	Jale	
required - Building and grounds modifications/improvements)	Executive Director of Facilities	Date	
FTER ALL APPROVALS SEND:	200. 01, 00/11/60	Dala	
TOVALS SEND:	Copy to Campus Original to Finance Acc	ountant	

Chool District	N.7	<i>3</i> ,	
Date of request: 10116/2013	School/D	epartment: (1/5)	3tu Co
On behalf of the CISD, I am asking t	hat you approve the	acceptance of the fol	lowing items:
Donation Desripti	on	Quantity	Value
Moretury, Check	h	1	\$ 300
	·		,
	. , ,		
_ /	-		
	. p <		
Purpose of donation: To	assist with	homeco	ning
Donor or Donor Organization Nam Address, City, State & Zip Code:	e: Sun litar 1141 har El Paso, T	Graduution on Mahan 79725	Services LLC Dr. Ste. 101
Check one:	etary donation		
☐ This dona	ation will be recorded	in the campus/depa	rtment activity account
	ation is for the benefi	, -	
	e recorded in their a		
al 1 1 1: 1	alon		
Student Council	065.00	:2198.53.001.0	
Club Name	Account I	Number	ž.
Sponsor's Signature		12013	
Donation has been received and is p If yes, list Miscellaneous Receipt #	ending approval	Yes No	
REQUESTER'S SIGNATURE:	Principal/Department Head	Date	3
ACCEPTANCE APPROVAL:	Business Services Executiv	e Director Date	13
IF ADDITIONAL APPROVALS ARE REQU	IIRED, PLEASE FORWA	ARD TO:	
Technology Approval:		u s	
(If required - All technology related items)	Executive Director of	Date	
orders range cause—20 100000000000000000000000000000000000	School Resources	5.500	
Facilities Approval:	2		
(If required - Building and grounds modifications/improvements)	Executive Director of Facility	es Date	
AFTER ALL APPROVALS SEND:			

Donation Approval Form

Property donated (and accepted) to the district becomes sole property of the district and cannot be returned to the donor. Donations made to the district or a campus activity account are tax-deductible. Donors should check with their tax-advisor for the donation's tax status when donating to a club or team.



Date of request: 0-1-13	School/De	epartment: CHS	
On behalf of the CISD, I am asking	that you approve the a	cceptance of the fo	llowing items:
Donation Desrip		Quantity	∫ Value ⇒ /500
Purpose of donation: Cheer	uniforms		
Donor or Donor Organization Nan Address, City, State & Zip Code:	ne: Verrac / Morgan 1919 E Rio Gr El Puso, TX	rifa Sandhez ! ()Se ande 19902	ar Venegos
☐ This dor ☑ This don	netary donation nation will be recorded in nation is for the benefit of the recorded in their acc	of the following club	or team
Cherleading Club Name		2198.75001.00	
Vargelina Martinez Sponsor's Signature		_	
Donation has been received and is p If yes, list Miscellaneous Receipt #	pending approval	Yes No	
REQUESTER'S SIGNATURE:	Principal/Department Head	2 10/013	
ACCEPTANCE APPROVAL:	Business Services Executive [	Director Date	8/13
IF ADDITIONAL APPROVALS ARE REQU	JIRED, PLEASE FORWAR	D TO:	
Technology Approval:			
(if required - All technology related items)	Executive Director of School Resources	Date	
Facilities Approval:			
(If required - Building and grounds modifications/improvements)	Executive Director of Facilities	Date	
AFTER ALL APPROVALS SEND:	Copy to Campus Original to Finance Acc	s ountant	



Date of request: 10-1-13	School/Dep	partment: CHS	
On behalf of the CISD, I am asking			llowing items:
Check # 20505		Quantity 250	Value
Purpose of donation: Cher un	Horms for Clfs		
Donor or Donor Organization Nam Address, City, State & Zip Code:	ne: Valley By Pro Po Box 628 Canuallo, Tx	ducts/	
☐ This don ☑ This don	netary donation ation will be recorded in ation is for the benefit o be recorded in their acco	the following club	or team
Cheerleading		198.76.001	
Club Name	Account Nu	mber	
Sponsors Signature			
Donation has been received and is p If yes, list Miscellaneous Receipt #		Yes No	
REQUESTER'S SIGNATURE:	Principal/Department Head	101610 Date	
ACCEPTANCE APPROVAL:	Business Services Executive D	rector Date	3
IF ADDITIONAL APPROVALS ARE REQU	JIRED, PLEASE FORWARD	то:	
Technology Approval:			
(If required - Alt lechnology related items)	Executive Director of School Resources	Date	
Facilities Approval:			
(if required - Building and grounds modifications/improvements)	Executive Director of Facilities	Date	
AFTER ALL APPROVALS SEND:	Copy to Campus Original to Finance Acco	ountant	



Donation Description  Quantity  Application of the period of the companies of donation:    Con 2a   Co	Malasa
urpose of donation: To provide c/official for the Conzalo Garcial Fementary School and Living for the Conzalo Garcial Fementary School and Living for the Conzalo Garcial Garc	Value
con resolo Carlin Flamentary School and delivation of the following club or tended in the campus/departmen of the following club or tended in their account if the donation is for the benefit of the following club or tended in their account if the donation is for the benefit of the following club or tended in their account if the donation is for the benefit of the following club or tended in their account if the donation is for the benefit of the following club or tended in their account if the donation is for the benefit of the following club or tended in their account if the donation is for the benefit of the following club or tended in their account if the donation is for the benefit of the following club or tended in their account if the donation is for the benefit of the following club or tended in their account if the donation is for the benefit of the following club or tended in their account if the donation is for the benefit of the following club or tended in their account if the donation is for the benefit of the following club or tended in their account if the donation is for the benefit of the following club or tended in their account if the donation is for the benefit of the following club or tended in their account if the donation is for the benefit of the following club or tended in their account if the donation is for the benefit of the following club or tended in their account if the donation is for the benefit of the following club or tended in their account in their account in their account if the donation is for the benefit of the following club or tended in their account in the donation is for the benefit of the following club or tended in their account in the campus club or tended in their account in the campus club or tended in their account in the campus club or tended in their account in their account in their account in the campus club or tended in their account in the campus club or te	700.00
Con 26 to Carlin Frenchary School and Carlin Frenchary Schools  conor or Donor Organization Name: Gonza to Garcia didress, City, State & Zip Code: 3721 Stene Edge Donor or Donor Organization Name: Gonza to Garcia didress, City, State & Zip Code: 3721 Stene Edge Donor or Donor Organization Name: Gonza to Garcia didress, City, State & Zip Code: 3721 Stene Edge Donor or Donor Donor Or Donor Donor Or Donor Or Donor Donor Or Donor Do	
Con 20 6 Garlin   Inner tary School and Garlin   Inner tary School and Garlin   Inner tary School and Garlin   Inner tary School   Garlin   Inner tary   School   Garlin   Inner tary   School   Garlin   Inner tary   Inner tary	
ADDITIONAL APPROVALS ARE REQUIRED, PLEASE FORWARD TO:  Chinal Response to the process of the pro	
ADDITIONAL APPROVALS ARE REQUIRED, PLEASE FORWARD TO:  Chinology Abstraction (Approval)  Control (Control (Cont	<del></del>
ADDITIONAL APPROVALS ARE REQUIRED, PLEASE FORWARD TO:  Chinology Abstraction (Approval)  Control (Control (Cont	
Con 20 6 Garlin   Intel fary School and Carlin   Intel fary School and Carlin   Intel fary School and Carlin   Intel fary School School School School Receipt   Intel fary School Research   Intel fary School	chile
conor or Donor Organization Name: Genzalo Garcia Idress, City, State & Zip Code: 3931 Stene Edge Dr.    State & Zip Code: 3931 Stene Edge Dr.   Fl	the
ADDITIONAL APPROVALS ARE REQUIRED, PLEASE FORWARD TO:    State & Zip Code:   2921   State & Zige Dr.   1970   200	
ADDITIONAL APPROVALS ARE REQUIRED, PLEASE FORWARD TO:    Chnolegy Approval:   Carpenda & Zip Code:   2/3/1 Stene Edge Dr.   1/3/0/4	, -
ADDITIONAL APPROVALS ARE REQUIRED, PLEASE FORWARD TO:    State & Zip Code:   2921   2921   State & Zip Code:   2921   State & Zip	
Non-monetary donation   This donation will be recorded in the campus/departmen   This donation will be recorded in the campus/departmen   This donation is for the benefit of the following club or te and will be recorded in their account if the donation is	
This donation will be recorded in the campus/departmen  This donation is for the benefit of the following club or teres and will be recorded in their account if the donation is and will be recorded in their account if the donation is and will be recorded in their account if the donation is and will be recorded in their account if the donation is and will be recorded in their account if the donation is and will be recorded in their account if the donation is and will be recorded in the following club or terms and will be recorded in the following club or terms and will be recorded in the following club or terms and will be recorded in the following club or terms and will be recorded in the following club or terms and will be recorded in the following club or terms and will be recorded in the following club or terms and will be recorded in the following club or terms and will be recorded in the following club or terms and will be recorded in the following club or terms and will be recorded in the following club or terms and will be recorded in their account if the donation is and will be recorded in their account if the donation is and will be recorded in their account if the donation is and will be recorded in their account if the donation is and will be recorded in their account if the donation is and will be recorded in their account if the donation is and will be recorded in their account if the donation is and will be recorded in their account if the donation is and will be recorded in their account if the donation is and will be recorded in their account if the donation is and will be recorded in their account if the donation is and will be recorded in their account in the donation is and will be recorded in their account in their account in their account in the donation is and will be recorded in their account in the donation is and will be recorded in their account in the	
This donation will be recorded in the campus/departmen  This donation is for the benefit of the following club or teres and will be recorded in their account if the donation is  This donation is for the benefit of the following club or teres and will be recorded in their account if the donation is  This donation is for the benefit of the following club or teres and will be recorded in their account if the donation is  This donation is for the benefit of the following club or teres and will be recorded in their account if the donation is  This donation is for the benefit of the following club or teres and will be recorded in their account if the donation is  This donation is for the benefit of the following club or teres and will be recorded in their account if the donation is  This donation is for the benefit of the following club or teres  Account Number  To (2) 1/20/3  Date  This donation is for the benefit of the following club or teres  To (2) 1/20/3  Date  This donation is for the benefit of the following club or teres  To (2) 1/20/3  Date  This donation is for the benefit of the donation is  This donation is for the benefit of the donation is  This donation is for the benefit of the donation is  This donation is for the benefit of the donation is  This donation is for the benefit of the donation is  This donation is for the benefit of the donation is  This donation is for	
This donation will be recorded in the campus/departmen  This donation is for the benefit of the following club or teres and will be recorded in their account if the donation is  This donation is for the benefit of the following club or teres and will be recorded in their account if the donation is  This donation is for the benefit of the following club or teres and will be recorded in their account if the donation is  This donation is for the benefit of the following club or teres and will be recorded in their account if the donation is  This donation is for the benefit of the following club or teres and will be recorded in their account if the donation is  This donation is for the benefit of the following club or teres and will be recorded in their account if the donation is  This donation is for the benefit of the following club or teres  Account Number  To (2) 1/20/3  Date  This donation is for the benefit of the following club or teres  To (2) 1/20/3  Date  This donation is for the benefit of the following club or teres  To (2) 1/20/3  Date  This donation is for the benefit of the donation is  This donation is for the benefit of the donation is  This donation is for the benefit of the donation is  This donation is for the benefit of the donation is  This donation is for the benefit of the donation is  This donation is for the benefit of the donation is  This donation is for the donation is  This donation is for the benefit of the donation is  This donation is for the donation is  This	
This donation is for the benefit of the following club or teand will be recorded in their account if the donation is    Content   Conten	-A
and will be recorded in their account if the donation is  I CIA Elementary He his ity Account 865. 00, 2195. 00. 105  In Name  Account Number  I O 21/2013  Date  Ination has been received and is pending approval  I Perfect and I See I	
Account Number    Comparison   Account Number	am
Date    Consor's Signature	
Date    Consor's Signature	
Ination has been received and is pending approval  res, list Miscellaneous Receipt # 24954	5.00
onation has been received and is pending approval yes, list Miscellaneous Receipt # 24954	
Ination has been received and is pending approval  yes, list Miscellaneous Receipt # 24954	
Ination has been received and is pending approval  res, list Miscellaneous Receipt # 24954	
ADDITIONAL APPROVALS ARE REQUIRED, PLEASE FORWARD TO:  Chical Control of School Roscurcos  Executive Director of School Roscurcos  Date    No	
ADDITIONAL APPROVALS ARE REQUIRED, PLEASE FORWARD TO:  Chrology Approval:  Executive Director of School Roscurcos  Choology related stems)  Captured - All technology related stems)	
ADDITIONAL APPROVALS ARE REQUIRED, PLEASE FORWARD TO:  Christogy related (spino)  Executive Director of School Roseurces  Executive Director of School Roseurces  Chool Roseurces  Chrosenses Receipt #  24954    No   No   Christogy Receipt #    Subject   Subject   Christogy Receipt   Chr	
ADDITIONAL APPROVALS ARE REQUIRED, PLEASE FORWARD TO:    Comparison of the control of the contro	
ECEPTANCE APPROVAL:  Business Services Executive Circutar Date  ADDITIONAL APPROVALS ARE REQUIRED, PLEASE FORWARD TO:  Chnology Approval:  Executive Director of School Resources  School Resources  Date	
Principal/Department/Head Date  CCEPTANCE APPROVAL:  Business Services Executive Director Date  ADDITIONAL APPROVALS ARE REQUIRED, PLEASE FORWARD TO:  Chnology Approval:  Executive Director of School Resources  Executive Director of School Resources	
ADDITIONAL APPROVALS ARE REQUIRED, PLEASE FORWARD TO:  Schnology Approval;  Executive Director of School Resources Date	7-12
ADDITIONAL APPROVALS ARE REQUIRED, PLEASE FORWARD TO:  Achnology Approval:  Executive Director of School Roscurcos Date	2-/3
ADDITIONAL APPROVALS ARE REQUIRED, PLEASE FORWARD TO:  Achnology Approval:  Executive Director of School Roseurcos Date	.2-/3
ADDITIONAL APPROVALS ARE REQUIRED, PLEASE FORWARD TO:  chnology Approval:  Executive Director of School Resources  Date	:a-/3 24 13
Chnology Approval:  Executive Director of Dato School Resources	24/13
Chnology Approval:  Executive Director of Dato School Resources	:2-/3 24/13
puired - All technology related items)  Executive Director of School Resources  Date	24/13
cuired - All technology related (terms)  Executive Director of School Resources  Date	:2-/3 24 13
School Resources	24/13
cilities Approvat;	24/13
anna and and and	24/13
quired - Building and grounds modifications/improvements) Executive Director of Facilities Date	24/13

AFTER ALL APPROVALS SEND:

Copy to Campus
Original to Finance Accountant

Property donated (and accepted) to the district becomes sole property of the district and cannot be returned to the denor. Donations made to the district or a campus activity account are lax-deductible. Ocnors should check with their tax-advisor for the donation's tax status when donating to a club or team.

	Canutillo Independent School	ol District
School FS Received From (CHECK ONE)	Ocuzato Courcio	NO. 20956  Date 10 /21 20 13  S 700 0
	FUNDRAISER #TAX FREE DAY MISC RECEIPT#	
ACCT.	DESCRIPTION	AMOUNT
	865 00 2195 00 110	700 00
	Mantalle Contribu	(T( p)
	He horty Hect.	<u>V 2857</u>
	バシバヨのヨレアトバシバヨテ	
	when reporting a fund raising activity; i.e. candy, t- shirts, f NOTE: An original receipt must be present nent is made by check, a refund can only be issued after 10 wo	ated for refund
	e copy to payer  Recei  Copy to finance w/Master receipt  copy remains in the book for audit purposes	ived By

GONZALO GARCIA  2921 STONE EDGE DR. PH. 915-637-691 EL PASO, TX 79904	si4 <sup>4</sup> 2857
PAYTOTHE Grarcia Elementary GREER OF Grarcia Elementary Seven Hundred and	School \$ 700,00
MEMO CALLES AND THE PRODUCTION OF THE PRODUCTION	Hongalo Amia 26956



Date of request: 10-1-13	School/D	Pepartment: CHS	
On behalf of the CISD, I am asking			llowing items:
Check # 18008	tion	Quantity   00.	Value → 100
~	, is **		
Purpose of donation: Cheer	uniforms at cuts	5	<b>,</b>
Donor or Donor Organization Nar Address, City, State & Zip Code:	ne: Styles Unlimi Po Box 441 Canufillo T	ted Beauty Salor	1 /Socomo Ornelas
☐ This don	netary donation nation will be recorded nation is for the benefit be recorded in their ac	of the following club	rtment activity account or team is
Cheer leading Club Name		<u>198.75</u> 001.00	
Evangdina Martinez Sponsor's Signature		3	
Donation has been received and is particles of the property of	pending approval	Yes No	
REQUESTER'S SIGNATURE:	Principal/Department Head	h 10.1613	
ACCEPTANCE APPROVAL:	Business Services Executive		8/13
IF ADDITIONAL APPROVALS ARE REQU	JIRED, PLEASE FORWA	RD TO:	
Technology Approval:			
[If required - All technology related items)	Executive Director of School Resources	Date	
Facilities Approval:	-		
If required - Building and grounds modifications/improvements)	Executive Director of Facilitie	s Date	
AFTER ALL APPROVALS SEND			

Copy to Campus Original to Finance Accountant

Property donated (and accepted) to the district becomes sole property of the district and cannot be returned to the donor. Donations made to the district or a campus activity account are tax-deductible. Donors should check with their tax-advisor for the donation's tax status when donating to a club or team.



Date of request: 10-1-13	School/D	epartment: (145	
On behalf of the CISD, I am asking	that you approve the a	acceptance of the fol	lowing items:
Check # 9 35		Quantity 150	Value
Purpose of donation: Cheer	uniforms		
Donor or Donor Organization Nan Address, City, State & Zip Code:	ne: International - 1460 Domphu Canutillo, 72		Hricia Arellano
☐ This don This don	netary donation ation will be recorded ation is for the benefit be recorded in their ac	of the following club	rtment activity account or team
<u>Chealeading</u>	865.00	2198.75001.00	
Club Name  Vanguina Mtz  Sponsor's Signature	Account N	1umber 9/13	
Donation has been received and is p If yes, list Miscellaneous Receipt #	ending approval	✓ Yes  ☐ No	
REQUESTER'S SIGNATURE:	Principal/Department Head	Date 10-1613	. 1
ACCEPTANCE APPROVAL:	Business Services Executive	Director Date	18/13
IF ADDITIONAL APPROVALS ARE REQU	JIRED, PLEASE FORWA	RD TO:	
Technology Approval:			
(If required - All technology related items)	Executive Director of School Resources	Date	
Facilities Approval:			
(If required - Building and grounds modifications/improvements)	Executive Director of Facilities	s Date	
AFTER ALL APPROVALS SEND:	Copy to Campo Original to Finance Ad	us countant	



Date of request: 10-29-13	School/D	epartment <u>: CMS-</u>	Wath Department
On behalf of the CISD, I am asking the	nat you approve the a	acceptance of the fo	llowing items:
Algebra Class Chocolate. S	on, 1/85	Quantity /	Value # 30.00
Purpose of donation: Perent 1 Alexander Class Funder	efused child iser but is r	to Sell character direct	in instal.
Donor or Donor Organization Nam Address, City, State & Zip Code:	e: Sabina 1 310 Com Canadilo	Dol Real egidor Ave. TX 79835	
☐ This dona☐ This dona☐	etary donation ation will be recorded ation is for the benefi e recorded in their a	t of the following clul	
CMS Math Club  Club Name  Sponsor's Signature	865.00.3 Account I	9/13_	50
Donation has been received and is p If yes, list Miscellaneous Receipt #	ending approval	Yes	
REQUESTER'S SIGNATURE:	Principal/Department Head	0 29  Date	13
ACCEPTANCE APPROVAL:	Business Services Executive	Director Date	3
IF ADDITIONAL APPROVALS ARE REQU	IRED, PLEASE FORW	ARD TO:	
Technology Approval:			_
(If required - All technology related items)	Executive Director of School Resources	Date	_
Facilities Approval:			
(if required - Building and grounds modifications/improvements)	Executive Director of Facilit	ies Date	- 145 - 145
AFTER ALL APPROVALS SEND:	Copy to Camp Original to Finance A	ous Accountant	



RCVD 0CT 23 2013 AM11:25

Date of request: 10(10/13	School/D	epartment: $\Box$	DE
On behalf of the CISD, I am asking the	nat you approve the a	acceptance of the	following items:
Donation Descripti jumping balloon for Fall		Quantity /	Value
Purpose of donation: To he field trips, etc.	lp 3rd gra	de raise	money for
Donor or Donor Organization Nam Address, City, State & Zip Code:	e: Jose A.  12629 Tieri El Paso, 7	Na Jera, ra Pera X 79938	Jr.
☐ This dona	etary donation ation will be recorded ation is for the benefi se recorded in their a	t of the following	
Club Name  Jose a. Majera, h  Sportsor's Signature	Account  / 0 -  Date	Number 10-13	
Donation has been received and is p If yes, list Miscellaneous Receipt #	ending approval		Yes No
REQUESTER'S SIGNATURE:	Principal/Department Head	back pate	10/19/13 10/24/13
ACCEPTANCE APPROVAL:	Business Services Executiv	re Director Date	10/24/13
IF ADDITIONAL APPROVALS ARE REQU	JIRED, PLEASE FORW	ARD TO:	
Technology Approval: (If required - All technology related items)	Executive Director of School Resources	Date	
Facilities Approval: (If required - Building and grounds modifications/improvements)	Executive Director of Facilit	ies Date	
AFTER ALL APPROVALS SEND:	Copy to Camp Original to Finance A	ous ccountant	