



ECTOR COUNTY INDEPENDENT SCHOOL DISTRICT
Odessa, Texas

TO: Chief Financial Officer

FOR: Recommendation to Accept Donation/Gift

FROM: _____ / _____
Principal OR Director

School OR Department

Education Foundation

Name of Donor (if organization, please include name of president)

Mailing address City State Zip Code
has offered a donation or gift in the following category: Donation/Gift (describe below)

Description of Donation/Gift	Value*	Purpose of Donation
Grant Writer partial salary	\$ 12,500	offset costs of grant writer
	\$	
	\$	

*Values assigned for donation of equipment or services is for internal reporting purposes only. This value may not be used as an appraisal value for IRS purposes.

Permission is requested to accept this donation/gift for our school/department. The donor understands that the donation/gift will become the property of the Ector County Independent School District and will be under the jurisdiction of the school/department in accordance with School Board Policy and administrative rules and regulations. Approved donation/gift should be added to fixed assets inventory if applicable.

REMARKS: _____

() Approval () Disapproval n/a
PRINCIPAL / DIRECTOR Date

☒ Approval () Disapproval Celeste Potter 5/10/22
DIRECTOR OF DEVELOPMENT Date

☒ Approval () Disapproval Deborah P. Ottmers 5/12/22
CHIEF FINANCIAL OFFICER Date
(The following approval required for a single donation/gift of \$10,000 or more)

() Approval () Disapproval _____
SUPERINTENDENT OF SCHOOLS Date