



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

P.O. Box 951 Odessa Texas 79760
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
<u>Check# 2882</u>	<u>\$ 12,500.00</u>	<u>Grant Writer Salary donation</u>
_____	<u>\$ _____</u>	_____
_____	<u>\$ _____</u>	_____

*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: This will be a quarterly donation.
\$12,500 x 4 = \$50,000
Deposit to 199-00-5744-00-705

() Approval () Disapproval _____ Date
PRINCIPAL / DIRECTOR

☒ Approval () Disapproval Celste Ruth 1-4-2021
DIRECTOR OF DEVELOPMENT Date

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

() Approval () Disapproval _____ Date
SUPERINTENDENT OF SCHOOLS