ST. CLAIR CATHOLIC DISTRICT SCHOOL BOARD
POLICIES AND PROCEDURES
SECTION B: ADMINISTRATION

Clear Form

Appendix 1

REQUEST TO DONATE GIFTS-IN-KIND

School/Department: _____ Date Requested: _____

Only to be completed if purchase is made by the donor.

Donor Organization/Individual: _____ Name: _____ Address: _____ Postal Code:_____ Telephone: _____	Equipment Supplier: _____ Name: _____ Address:_____ Postal Code:_____Telephone: _____
Purpose of Equipment:	
Type of Equipment: (include manufacturer, model# & other information required to properly identify equipment) Is equipment: New ☐ Used ☐ If used: 1) Year Manufactured _____ 2) Estimated Market Value: _____	
Is a charitable donation receipt for tax purposes required? Yes ☐ No ☐ Donation receipts will be mailed to donor after equipment is installed and paid for, as applicable. If equipment is new please provide copy of invoice. If used, please provide appraisal or other supporting documentation.	

Donor _____ _____
Name of Authorized Representative Signature of Authorized Representative

Approved By _____ _____
Approval of Director of Education, Supervisory Officer or Principal Date

Once completed forward to the Procurement Specialist for record keeping and audit purposes.