



North Kitsap School District
REQUEST FOR ACCEPTANCE OF GIFTS

GAVE TO BOARD
on 4/2/18

Policy 6114F
FINANCIAL MANAGEMENT, Gifts

Date: 2/15/18 Accepted by J Weible/V Wright School Receipt# 215990

School/Department/Program Receiving gift: Baseball Boys Basketball

Budget Code to be credited: 2020 2050 00 0000 406 0000 0000 Business Office Receipt# 2-20-18

GF or ASB (Please circle)
 GF ASB

Nature of gift: Cash amount donated: \$ 2900 . 00 OR
Description of gift & cash value: \$ _____ (determined by donor)

(Gifts for the purchase of supplies/equipment must include cost of installation by licensed contractor or agreement by the Maintenance Department to provide installation)

Description: to cover cost of Victoria trip

(The following information must be provided) Person/Organization Donating Gift --Please print

Name of Person Responsible: _____

Business/Organization: NK Athletic Boosters

Mailing Address: PO Box 1365

City Poulsbo State WA Zip Code 98370 Phone: (____) _____

APPROVAL(S):

Principal/Program Manager Approval: [Signature] Date: 2/16/18
(Required for all donations)

Technology Approval _____ Date: _____
(Required for all donations of computers, printers and software to comply with District Standards)

Capital Projects Approval _____ Date: _____
(Required for all donations that require installation and/or maintenance of supplies/equipment on District property)

Facilities/Maintenance Approval _____ Date: _____
(Required for all donations that require installation and/or maintenance of supplies/equipment on District property)

Please note: Attach transmittal forms, backup material or letters from individuals/organizations donating gifts. We would also appreciate a copy of any thank you letter that was written by your building.

All donations given to the North Kitsap School District must have a donation form submitted to the business office. This includes all Booster or PTA/PTSA parent group donations.



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Date: 3/16/2018 Accepted by Jean Parke School Receipt# 217210

School/Department/Program Receiving gift: Poulsbo Elementary

Budget Code to be credited: 0300 25 5000 102 0000 0000 Business Office Receipt# 3-19-18

GF or ASB (Please circle)
 GF ASB

Nature of gift: Cash amount donated: \$ 4,776.73 OR
 Description of gift & cash value: \$ _____ (determined by donor)

(Gifts for the purchase of supplies/equipment must include cost of installation by licensed contractor or agreement by the Maintenance Department to provide installation)

Description: 15 new laptop computers and COW cart

(The following information must be provided) Person/Organization Donating Gift –Please print

Name of Person Responsible: Taunya Kofol
 Business/Organization: Poulsbo Elementary PTSA
 Mailing Address: 18531 Noll Rd. NE
 City Poulsbo State WA Zip Code 98370 Phone: (360) 396-3558

APPROVAL(S):

Principal/Program Manager Approval:  Date: 3-16-18
(Required for all donations)

Technology Approval _____ Date: _____
(Required for all donations of computers, printers and software to comply with District Standards)

Capital Projects Approval _____ Date: _____
(Required for all donations that require installation and/or maintenance of supplies/equipment on District property)

Facilities/Maintenance Approval _____ Date: _____
(Required for all donations that require installation and/or maintenance of supplies/equipment on District property)

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Date: 3/19/18 Accepted by V Wright School Receipt# 217337

School/Department/Program Receiving gift: Baseball

Budget Code to be credited: 2050 00 0000 406 0000 0000 Business Office Receipt# 3-21-18

GF or ASB (Please circle)

GF ASB

Nature of gift: Cash amount donated: \$ 2900 . 00 OR
 Description of gift & cash value: \$ _____ (determined by donor)

(Gifts for the purchase of supplies/equipment must include cost of installation by licensed contractor or agreement by the Maintenance Department to provide installation)

Description: To be used to buy uniforms

(The following information must be provided) Person/Organization Donating Gift --Please print

Name of Person Responsible: _____
 Business/Organization: NK Athletic Boosters
 Mailing Address: PO Box 1365
 City Poulsbo State WA Zip Code 98370 Phone: (____) _____

APPROVAL(S):

Principal/Program Manager Approval:  Date: 3/20/18
(Required for all donations)

Technology Approval _____ Date: _____
(Required for all donations of computers, printers and software to comply with District Standards)

Capital Projects Approval _____ Date: _____
(Required for all donations that require installation and/or maintenance of supplies/equipment on District property)

Facilities/Maintenance Approval _____ Date: _____
(Required for all donations that require installation and/or maintenance of supplies/equipment on District property)

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