

STATEMENT OF DONATED FUNDS AND/OR EQUIPMENT

This form will be used for all donations to the Dekalb County School District.

Location # _____ Location Name _____ Date _____

Source of Donation _____ Decatur Alumnae Chapter of Delta Sigma Theta, Incorporated _____

Amount Donated (Cash/Check) \$ _____ 6500.00 _____

Estimated Value Donated:

A. Equipment \$ _____

B. Goods/Services \$ _____

C. Number of Volunteer Hours (July 1 – June 30) _____

Date Accepted: _____

Receipt Number: _____

Check Number: _____

Donor specified funds are to be used as follows: (Please check)

- | | |
|--|---|
| <input type="checkbox"/> 1. Motivational activities for students | <input type="checkbox"/> 5. Equipment and/or equipment maintenance |
| <input type="checkbox"/> 2. Teacher recognition efforts | <input type="checkbox"/> 6. Office Support |
| <input type="checkbox"/> 3. Community/citizen projects | <input type="checkbox"/> 7. Scholarship(s) |
| <input type="checkbox"/> 4. Instructional Activities | <input type="checkbox"/> 8. Building and grounds |
| | <input checked="" type="checkbox"/> 9. Other (Specify) Rock the Vote Initiative for Advance Voting Students |

* Appropriate distribution to be made at the discretion of the Regional Superintendent based on the above categories.*

Any expenditures of a personal nature will be considered illegal unless it is part of a planned program under items 1, 2 or 3.

Donated funds shall be posted using the Donations account as listed in the Chart of Accounts section in the Local School Accounting Handbook.

Equipment Related Donation(s) – (below to be filled out for all equipment items valued at \$1000 and greater, per item)

-Please use a separate form for each item donated with an Estimated Value of \$1000 and greater per item-

Donated Equipment Name _____

Manufacturer _____

Model Number _____

Serial Number _____ Barcode/Tag Number _____
(Issued by Office of Capital Assets)

X 
Angela Sanders
DAC President

10/29/24

SIGNATURE OF PRINCIPAL/ADMINISTRATOR

DATE