

STATEMENT OF DONATED FUNDS AND/OR EQUIPMENT

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

Location # 1056/185 Location Name Evansdale ES Date 1/21/2025

Source of Donation Evansdale Foundation/Parent Teacher Organization

Amount Donated (Cash/Check) \$ 10,400

Estimated Value Donated:

A. Equipment \$ _____

B. Goods/Services \$ _____

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

Date Accepted: 1/27/2025

Receipt Number: 430201

Check Number: 201

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 checked="" type="checkbox"/> 4. Instructional Activities | <input type="checkbox"/> 8. Building and grounds |
| | <input checked="" type="checkbox"/> 9. Other <u>5th Grade STEM Field Trip Transportation</u> |

* 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)

1/23/2025 1/24/2025

DATE

1/25/2025

DATE

DocuSigned by:

Candice Gardner

DocuSigned by:

Susan Richardson

03847BB41F2547C3 SIGNATURE OF DONOR 6459087445654D3

[Signature]

SIGNATURE OF PRINCIPAL/ADMINISTRATOR

- **Donated Funds:** Original to: Internal Audits Copy to: Donor Copy to: Location/School File
- **Donated Equipment:** Original to: Office of Capital Assets Copy to Donor Copy to Location/School File
- **Building/Grounds Projects:** Original to: Office of Capital Assets Copy to: Director of Design/Construction Copy to: Donor Copy to: School/Location File-