

STATEMENT OF DONATED FUNDS AND/OR EQUIPMENT

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

Location # 573 Location Name Druid Hills Middle School Date _____

Source of Donation PTSA Enrichment Fund

Amount Donated (Cash/Check) \$ _____

Estimated Value Donated:

A. Equipment /Furniture \$ \$7750.00

B. Goods/Services \$ _____

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

Date Accepted: awaiting approval

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 checked="" type="checkbox"/> 4. Instructional Activities | <input type="checkbox"/> 8. Building and grounds |
| | <input type="checkbox"/> 9. Other (Specify) _____ |

* 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 Various pieces of furniture was donated (tables, chairs, stools, storage cabinet)

Manufacturer The manufacturer is not specified. No one item is valued greater than \$100. Itemized list is attached

Model Number N/A

Serial Number _____ Barcode/Tag Number _____
Heather McCarroll DHMS Enrichment Fund (Issued by Office of Capital Assets)
SIGNATURE OF DONOR 1/29/25
DATE

Sheduta Bnaw 1/29/2025
SIGNATURE OF PRINCIPAL/ADMINISTRATOR DATE

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

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