Ashford School/Ashford Board of Education
440 Westford Road
Ashford, CT 06278

Permission to Solicit Gifts, Grants and Donations

Date:
Requesting Staff Member:

Potential Donor or Vendor Name:
Address:

Phone:
e-mail or website:

Item #	Description	Quantity	Unit Price	Total

Instructional Rationale for Item(s):

Please quantify additional costs not included with the donation (e.g., installation, maintenance):

Please describe or attach any specific financial reporting procedures required to ensure that the donation is used for allowed expenditures or within a specific period of time:

Please describe any additional donor requirements or restrictions for acceptance:

All donations become the general property of Ashford School and may be assigned to designated programs by the administration in accordance with Board of Education policy.

Administrative approvals
Supervising Administrator: _____

Superintendent (required if > $500): _____

Reason(s) for disapproval:
_____

Finance Office Use
Received by:
Date: