SCHOOL OR DEPARTMENT:	McKinley Elementary DATE	2/28/18
DONOR:	Zackory Amos	
ADDRESS:	No Details Given	
(include City, State & Zip C	MONETARY VALUE O	F GIFT:
DESCRIPTION OF GIFT: (To include Make, Model and	Serial Number) Purchase Price:	\$5.00
Cash Donation	Freight:	
	Tax: Installation:	
	Total Cost:	\$5.00
Intended Use:		
Where will it be located? McKinley A	SB Student Body General Admin Account #200	00
Please complete the following:	YES	NO
1. Is the gift already an approved item of equipmer		X
2. Will the gift be delivered by the donor?	x	-:
3. Does the gift require building or ground space?		x
4. Does the gift require installation?	<u></u>	x
5. Will the gift eventually need to be replaced at So	:hool District expense?	X
6. Is the gift donated for advertising purposes?		X
7. If the gift is to be purchased, do you want it to be	purchased by the School District for the dono	r?
If so, Requisition #is attached.		
8. Are District funds required for the purchase and	or installation of the gift?	x
9. Will the district be expected to maintain/replace	donation should failure occur?	X
	l ₁	Rlus
Section B: (To be completed by District Office)	Signature	of Principal or Department Head
	Operating Officer	
What is the estimated cost of installation?	YES	NO
Does the gift item require Division of Architectur		· ·
3. Will additional labor or equipment be required fo	r maintenance and operation?	· ·
4. What is the total estimated value of this gift? Remarks:	(C)	
Requires Public Works Bio	Ł	
Subject to Design Review	and Approval	
Approved Disap	proved Date	
Approved Disap	proved Date	Purchasing
Approved Disap	proved Date	ctor Operational Services
Approved Disap	proved Date	Chief Business Officer
	· · · · · · · · · · · · · · · · · · ·	Board of Education

SCHOOL OR DEPARTMENT: McF	Kinley Elementary DATE	2/28/18
DONOR:	Foundation for Central Schools	
	605 N Polk Ave, Fresno, CA 93722	
(include City, State & Zip Code) SECTION A: (To be completed by School/Dept.)	MONETARY VALUE	OF GIFT:
DESCRIPTION OF GIFT: (To include Make, Model and Serial	Number) Purchase Price:	\$96.00
Check #3084	Freight:	***************************************
	Tax: Installation:	
	Total Cost:	\$96.00
Intended Use:		
Where will it be located? McKinley ASB S	tudent Body General Admin Account #	2000
Please complete the following:	YES	NO
1. Is the gift already an approved item of equipment?	-	x
2. Will the gift be delivered by the donor?	x	
3. Does the gift require building or ground space?		x
4. Does the gift require installation?	-	x
5. Will the gift eventually need to be replaced at School	District expense?	X
6. Is the gift donated for advertising purposes?	<u> </u>	X
7. If the gift is to be purchased, do you want it to be purchased,	chased by the School District for the do	nor?
If so, Requisition # is attached.	·	
8. Are District funds required for the purchase and/or ins	stallation of the gift?	X
9. Will the district be expected to maintain/replace dona	tion should failure occur?	x
Section D. (Table accepted by Pictia Office)	Vist	HAR. D.
Section B: (To be completed by District Office)	Signat	ure of Principa of Department Head
	rating Officer	110
What is the estimated cost of installation?	YES	NO
2. Does the gift item require Division of Architecture app		
3. Will additional labor or equipment be required for mai	ntenance and operation?	
4. What is the total estimated value of this gift? Remarks:		
		-
Requires Public Works Bid		
Subject to Design Review and	Approval	
Approved Disapprove	ed Date	Durahasina
Approved Disapprove	ed Date	Purchasing
Approved Disapprove	ed Date	Director, Operational Services
Approved Disapprove	ed Date	Chief Business Officer

SCHOOL OR DEPARTMENT:	McKinley Ele	ementary	DATE _	2/28/18
DONOR:	PG & EAngela N	looreEmployee Givi	ng Program	
ADDRESS:		way, Ste 100YC, Pla	no, TX 75093	
SECTION A: (To be completed by School/D	y, State & Zip Code) ept.)	MONETAR	Y VALUE OF	GIFT:
DESCRIPTION OF GIFT: (To include Make	ke, Model and Serial Number)	Purchase Price:		\$350.00
Check #1110124029		Freight:		
		Tax: Installation:		
		Total Cost:		\$350.00
Intended Use:				10
Where will it be located?	McKinley ASB Student B	ody Cheer Account #3	3015	
Please complete the following:			YES	NO
1. Is the gift already an approved item of	of equipment?			x
2. Will the gift be delivered by the dono	r?		x	46
3. Does the gift require building or grou	nd space?			x
4. Does the gift require installation?				x
5. Will the gift eventually need to be rep	placed at School District e	xpense?		X
6. Is the gift donated for advertising pur	poses?			X
7. If the gift is to be purchased, do you	want it to be purchased b	y the School District for	or the donor?	
If so, Requisition #	is attached.			7
8. Are District funds required for the pure	rchase and/or installation	of the gift?		<u> </u>
9. Will the district be expected to mainta	ain/replace donation shou	lld failure occur?		XX
Section D. (T. L			Vial At	R.C.
Section B: (To be completed by District Office			Signature of	Principal or Department Head
Purchasing [Chief Operating Off	icer		
What is the estimated cost of installa December 2: The street of the street o	-		YES	NO
2. Does the gift item require Division of				3
3. Will additional labor or equipment be	•	e and operation?		8=
4. What is the total estimated value of the Remarks:	nis gift?			
Requires Publi	c Works Bid			
Subject to Des	ign Review and Approval			
Approved	Disapproved Date			
Approved	Disapproved Date		(Purchasing
Approved	Disapproved Date			or, Operational-Services
Approved	Disapproved Date		eh	Business Officer
_			-	

SCHOOL OR DEPARTMENT:	McKinley Ele	ementary	_ DATE _	2/28/18	
DONOR:	The Romar	Catholic Bishop of F	resno		
ADDRESS:	St Anthony of Padua, 5	770 N Maroa, Fresno	o, CA 93704-2	038	
SECTION A: (To be completed by School/De	, State & Zip Code) ept.)	MONETAR	Y VALUE OF	GIFT:	
DESCRIPTION OF GIFT: (To include Make Check #24777	e, Model and Serial Number)	Purchase Price: _Freight:		\$150.00	
		Tax:) *		
		Installation: Total Cost:		\$150.00	
Intended Use:		==			
Where will it be located?	McKinley ASB Student B	ody Field Trips Accou	unt #3046		
Please complete the following:			YES	NO	
1. Is the gift already an approved item o	f equipment?			x	
2. Will the gift be delivered by the donor	?		x		
3. Does the gift require building or groun	nd space?			x	
4. Does the gift require installation?				x	
5. Will the gift eventually need to be rep	laced at School District e	expense?		X	
6. Is the gift donated for advertising purp	poses?			X	
7. If the gift is to be purchased, do you v	vant it to be purchased b	y the School District f	for the donor?		
If so, Requisition #i	s attached.				
8. Are District funds required for the pur	chase and/or installation	of the gift?		x	
9. Will the district be expected to mainta	ain/replace donation shou	ıld failure occur?		x	
			Palt	-RIm.	
Section B: (To be completed by District Office			Signature of	Principal of Department Hear	đ
Purchasing	Chief Operating Of	ficer		3 = 8	
1. What is the estimated cost of installat	tion?		YES	NO	
2. Does the gift item require Division of	Architecture approval?				
3. Will additional labor or equipment be	required for maintenance	e and operation?		6 	
4. What is the total estimated value of the	nis gift?				
Remarks:					_
Requires Public	c Works Bid				
Subject to Desi	gn Review and Approval				
Approved	Disapproved Date				
Approved	Disapproved Date		<u> </u>	Purchasing	
Approved	Disapproved Date		Directo		
Approved	Disapproved Date		Ch	ief Business Officer	
			Е	loard of Education	

SCHOOL OR DEPARTMENT:	Saroyan Elementary	_ DATE _	3/22/18
DONOR:	Saroyan Parent Faculty Clu	ıb	
ADDRESS: (include City, State	5650 W. Escalon Ave 9372	22	
SECTION A: (To be completed by School/Dept.)		NETARY VALU	E OF GIFT:
DESCRIPTION OF GIFT: (Include Make, Model cash donation to pay for transportation Miss		*	\$2,985.00
	Tax:		
	Installation: Total Cost:		\$2,985.00
Interned Hee	Total cost.		ψ2,303.00
Intended Use: Where will it be located/used?			
Please complete the following:		YES	NO
Is the gift already an approved item of equ	uipment?	120	×
2. Will the gift be delivered by the donor?	aipmont.		X
Does the gift require building or ground sp	pace?	-	30 OC
4. Does the gift require installation?			
5. Will the gift eventually need to be replace	d at School District expense?		x
6. Is the gift donated for advertising purpose			x
7. If the gift is to be purchased, do you want		for the donor?	**************************************
If so, Requisition # is att			X
8. Are District funds required for the purchas			x
9. Will the district be expected to maintain/re	eplace donation should failure occur?		x
	Patricia McCurley	1.	
SECTION B: (To be completed by District Office)	Print Name of Principal or Department Head	Signature of	Principal or Department Head
	Director, Operational Services		
1. What is the estimated cost of installation?		YES	NO
2. Does the gift item require Division of State	e Architecture approval?		
3. Will additional labor or equipment be requ	uired for maintenance and operation?		
4. What is the total estimated value of this g	ift?		
Remarks:			
Requires Public Wo	orks Bid		
Subject to Design F	Review and Approval		
Approved	Disapproved Date	102	
Approved	Disapproved Date		Purchasing
Approved	Disapproved Date 3/23/18	Directo	or, Operational Services
Approved	Disapproved Date	Asst. Superin	tendent/Chief Business Officer
		/	loand of Education