



**SHEPHERD INDEPENDENT SCHOOL DISTRICT
GIFTS, GRANTS, AND BEQUESTS**

Date: _____

Campus/Department: _____ **Sponsor:** _____

Amount: _____ **From:** _____

Type: **GIFT** **Grant** **BEQUEST**

Purpose:

Deposit Account Number: _____

Campus Activity **Student Activity** **School Budget**

Principal/Department Head Signature **Date**

BUSINESS OFFICE USE ONLY

Recommended **Not Recommended** **Date:** _____ **Initial** _____

Approved **Approved**

Superintendent Signature **Date**

Note: Principal/Department Head completes the top section of the form and submits to the Business Office.