***Petaluma City Schools***
***GRANTS & DONATIONS***
***IPAD DEPOSIT FORM***

Bag # _____

**Site:** _____ **Date:** _____

**Program:** _____ **Cash:** _____

**Check:** _____

**Revenue Source:** **IPAD INSURANCE/LOST DEVICES** **Total:** _____

| ***Description*** | ***Budget Amount*** |
|---|---|
| Revenue/Income (8000)<br>IPAD INSURANCE ELEMENTARY | |
| **01-9920-0-0000-0000-8699-000-9920** | |
| | |
| Revenue/Income (8000)<br>IPAD INSURANCE SECONDARY | |
| **01-9950-0-0000-0000-8699-000-9950** | |
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Budget Submitted By _____ Date _____

Principal _____ Date _____

**RETURN FORM & ALL CASH/CHECKS TO PAULA VERKE IN THE BUSINESS OFFICE**