

STATE OF CALIFORNIA
REQUEST FOR APPROVAL OF GIFT

DF-581 (REV 9/26/97)

Department of Finance
915 - L Street
Sacramento, CA 95814
IMS Mail Code: A-15

I. DEPARTMENTAL REQUEST		
REQUESTING DEPARTMENT:		
DONOR'S NAME AND ADDRESS:		
DESCRIPTION OF GIFT (Include any wishes/instructions of donor on use and disposition. Explain why gift should be accepted - pros and cons. Note if there is any particular sensitivity associated with the gift. Use attached sheet if necessary.)		
ESTIMATED VALUE (In some cases, it may be advisable to get a value assessment from an independent appraiser.)		
ESTIMATED COST TO DEPT (repairs, matching costs, periodic or regular maintenance, etc.):		
<input type="checkbox"/> One time <input type="checkbox"/> On going <input type="checkbox"/> Additional funded need (explain)		
PREPARED BY:		APPROVED BY:
_____	_____	_____
Name	Title	Date
_____	_____	_____
Name	Title	Date
II. DEPARTMENT OF FINANCE RECOMMENDATION		
Recommendation:		
PREPARED BY:	REVIEWED BY:	APPROVED:
_____	_____	_____
Analyst	APBM/PBM	Assistant Director
Date	Date	Date