



FUNDING REQUEST

****PLEASE NOTE: ALL REQUESTS MUST BE RECEIVED AT LEAST 30 DAYS BEFORE THE REQUESTED EXPENDITURE IS DUE****

Date: _____ . Requestor (name or program): _____

Contact person: _____

Email: _____ .

Phone: _____

TOTAL AMOUNT REQUESTED: \$ _____

DATE NEEDED BY: _____

Check made payable to: _____

DATE OF EVENT: _____

Specific purpose of expenditure (please attach additional documentation if necessary, including

invoices, bids, bills, etc):

BELOW FOR FOMT USE ONLY:

Approved by: _____

Check # _____

Date of CC payment: _____