



REQUEST FOR FOUNDATION FUNDS

Scan and combine all supporting documents (receipts, invoices, proof of payment, contracts, etc.) with this form before requesting signatures. This form must be completed via Adobe Sign and certified signatures of the Fund Manager, Dean/Director, and AVC Foundation Executive Director are required. Copy Emily Moulton (emily.moulton@avc.edu) in Adobe Sign; instructions can be found by clicking [here](#). For reimbursements or in-person store purchases, forward the original receipt and proof of payment via interoffice mail to Emily Moulton in the Foundation. Direct any questions to the Foundation office at extension 6598 or foundation@avc.edu.

Fund Name: _____ Date: _____

Amount Requested: _____ Foundation Grant? YES # _____

Payable To: _____ (Does not apply to fund accounts, only Foundation grant awards) NO

District Requisition Number (if required): _____
(A district requisition is required for all requests \$5,000 or greater and/or if a contract is involved)

Funding Purpose: (Supporting documentation (receipts, invoices, purchase orders, etc.) must be attached. Expenses must be in accordance with any donor restrictions and district guidelines.)

METHOD OF DISTRIBUTION

(choose one)

Campus Mail

Send Payment to: Name: _____
 Address: _____
 City, State, Zip: _____

AUTHORIZED SIGNATURES

(all are required)

Fund Manager – Print Name	Adobe Certified Signature
Dean or Director – Print Name	Adobe Certified Signature
Dianne Knippel Executive Director, AVC Foundation	Adobe Certified Signature

OFFICE USE ONLY:

Fund Number: _____	Check Number: _____	Processed By: _____
Fund Balance: _____	Check Amount: _____	Date: _____
Notes: _____ _____ _____		