

REQUEST FOR FOUNDATIONS FUNDS

INSTRUCTIONS: Please attach this form to the appropriate supporting documents (original receipts, invoices, District request forms). Photocopies are acceptable only if originals have been required by the District. Please call ext. 6391 if you have any questions.

1)	FUND NAME:		Date:		
2)	Amt. Requested:		_ FOUNDATION GRANT?	FOUNDATION GRANT? Yes No	
3)	Made Payable to:				
4)	4) FUNDING PURPOSE - Substantiating documentation (receipts, invoices, purchase orders, etc.) must be attached. Expenses must be in accordance with any donor restrictions and district guidelines:				
HOLD PAYMENT FOR PICK-UP. CALL AT EXT WHEN CHECK IS READY.					
SEND PAYMENT TO: NAME:					
Address:					
CITY, STATE, ZIP:					
5) REQUEST SUBMITTED BY (REQUIRES BOTH SIGNATURES):					
	Fund Manager – Print name	Signatu	re	Date	
	Dean or Director – Print name	Signatu	re	Date	
- FORWARD TO AVC FOUNDATION -					
6) Approved Signature:					
		Executive Director, A	AVC Foundation	Date	
- TO AVC BUSINESS SERVICES -					
7)	BUSINESS SERVICES SIGNATURE:				
OFFICE USE ONLY:		Executive Director, B	Susiness Services	Date	
Сні	ECK#:	AMOUNT:	Date:		

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