



REQUEST FOR FOUNDATION FUNDS

Instructions: Please attach this form to the appropriate supporting documents (*original receipts, invoices, district requests forms, etc.*). Please call the Foundation office at extension 6391 if you have any questions.

1.) Fund Name: _____ Date: _____

2.) Amount Requested: _____ Foundation Grant? ☐ YES # _____

☐ NO

3.) Payable To: _____

4.) Funding Purpose: (Supporting 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 ready.

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

5.) Request Submitted By: (requires both signatures)

Fund Manager – Print Name Signature Date

Dean or Director – Print Name Signature Date

FORWARD TO AVC FOUNDATION

Foundation Approval: _____
Executive Director, AVC Foundation Date

OFFICE USE ONLY:

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