

 **ICCS**D FOUNDATION
REQUEST FOR DESIGNATED FUNDS

Part A: General Information

Date: _____

Requesting organization/individual: _____

Contact person: Name: _____

Address: _____

Phone #: _____ Email Address: _____

Name of project: _____

Project description: _____

Part B: Project Information

Purpose/Use of Funds: _____

Part C: Financial Information:

The ICCSD prefers that, when possible, items are purchased through the school district to avoid payment of sales tax and so they are able to better track costs and items being purchased. The school district will bill the Foundation for purchases when you note on the purchase order that they are to be paid with Foundation funds. This form needs to be on file with the Foundation office before any money will be released to vendors or the ICCSD.

PO/Invoice has been submitted to ICCSD for this purchase: Yes No

IMPORTANT: You must attach a copy(ies) of the Purchase Order/Invoice or store/vendor receipts

Amount requested: _____ Date funds needed: _____

Fund to be charged: _____

Make check payable to: **ICCS**D or (vendor)

Mail check to: _____

Signatures of authorized account users:

Please print name

Signature

Please print name

Signature