

ICCS FOUNDATION

REQUEST FOR DESIGNATED FUNDS

FOR OFFICE USE ONLY

PO #:
Class:
Date of JE:
Check #:
Check Date:

Date: _____

General Information

Requesting Organization/Individual: _____

Contact Person: Name: _____

School: _____

Phone #: _____ Email Address: _____

Name of Project: _____

Purpose/Use of Funds: _____

Financial Information:

The ICCSD prefers that, whenever possible, items are purchased through the district to avoid payment of sales tax and to better track costs and inventory. The ICCSD will bill the Foundation when you note on the Requisition Form that the purchase is to be paid with your Foundation funds. This form and supporting receipts/PO must be on file with the Foundation office before any funds will be released.

Amount requested: _____ Date funds needed: _____

Fund to be charged: _____

SELECT ONE REIMBURSEMENT OPTION:

Requisition Form/Purchase Order/Invoice has been submitted to ICCSD for this purchase:
(On your Requisition Form be sure to list "Foundation" and your Foundation fund name under the "Account Number to be Charged".)

PO #: _____ **Vendor** _____

Item(s) were purchased outside of ICCSD:

Make check payable to: _____

Mail check to: _____

IMPORTANT:

You must attach a copy of Purchase Order/Invoice/Store or Vendor Receipts for reimbursements.

Signatures of authorized account users:

Please print name

Please print name

Signature

Signature