

University School Foundation

Funding Request Application

DATE:

NAME MAKING REQUEST:

FACULTY/STAFF POSITION TITLE:

CONTACT PHONE AND EMAIL:

DIRECTOR'S APPROVAL: (requests must be preauthorized by Director)

DESCRIPTION OF REQUEST:

WHAT IS BEING FUNDED?

WHO WILL THE FUNDING BENEFIT?

WHEN IS THE FUNDING IMPLEMENTED?

WHEN IS THE FUNDING DUE?

ADDITIONAL INFORMATION:

ADMINISTRATIVE NOTES:

REQUEST APPROVED:

YES

NO

AMOUNT APPROVED:

CHECK #

CHECK DATE:

CHECK TO:

ADDRESS: