



Vermillion Public Schools Foundation
Request for Funds Form

Date of Request: _____

Requesting Group/Individual: _____

Contact Person Name: _____

School: _____

Phone #: _____ Email: _____

Name of Project: _____

Purpose/Use of Funds:

Payment Information:

Funding request is for: Siegrist Funds: Library _____ Music _____

Other Funds/Name of Fund: _____

Amount requested: \$ _____ Date funds needed: _____

Make Check Payable to: _____

Contact information of vendor chosen:

Please attach any cost estimates, photos, item descriptions, or other pertinent information to help the board decision on this request.

If purchasing through the School District, follow the usual Purchase Order (PO) process. On the PO form, list "Foundation" and your Foundation fund name and submit to Business Office. At the same time, submit to the Foundation a copy of the PO with this "Request for Funds" form in order to have the VPSF Fund Account pay the School District.

Signature of Person/Group Requesting Funding:

Please print name

Signature

Signature of Building Principal/Group President (whichever is applicable):

Please print name

Signature

Approved by Board on: _____	Date Paid: _____	Check No. _____
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