



Request for Funds Form

Date of Request: _____

PAYMENT INFORMATION

Amount Requested: \$ _____ Date Funds Needed: _____

Make Check Payable to (Vendor): _____

Vendor Mailing Address: _____

Vendor City, State, Zip _____

Vendor Phone #: _____ Vendor Email: _____

ATTACH DOCUMENTATION TO SUPPORT REQUEST (INVOICE, PO*, etc)

*If purchasing through the School District, follow the VSD Purchase Order (PO) process. On the PO, list "Foundation" and the Foundation Fund name and submit to the Business Office. At the same time, submit to the Foundation a copy of the PO with this completed form. Use VSD as the Vendor above.

MAIL TO INFORMATION (if different from vendor information above)

Mail Check to: _____

Mailing Address: _____

Mailing City, State, Zip _____

PROJECT INFORMATION

Name of Requestor: _____

Requestor Phone #: _____ Requestor Email: _____

Name of VPSF Fund to use: _____ Other Fund Name: _____

Name of Project: _____

Purpose/Use of Funds: _____

School/Department benefiting: _____

Grades of students benefiting: _____

Number of students benefiting: _____

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. _____

Email completed form and documentation to treasurer@VermillionPSF.org

** (email from requestor w/ cc: to approver constitutes signatures)

or interoffice to VPSF Exec Director, VSD Admin Office