



# REQUEST FOR DESIGNATED FUNDS

<b>FOR OFFICE USE ONLY</b>
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