## **REQUEST FOR FOUNDATION FUNDS**

The Crafton Hills College Foundation requires that ALL requests for disbursement of funds be documented on this form, signed and submitted by the approved Account Manager and accompanied by an invoice or original receipts not to exceed the approved amount. This applies to payment for goods or services, or reimbursements to vendors, faculty, or staff of Crafton Hills College for approved functions.

DEPARTMENT:	A	CCOUNT NUMBER :
REASON FOR REQUEST:		
	AMOUNT REQUESTED: \$	
TYPE OF EXPENSE:		
SUPPLIES: \$	FOOD: \$	CONFERENCE: \$
TRAVEL: \$	EQUIPMENT: \$	PROMOTION/MARKETING: \$
OTHER: \$	/ (DESC	
	(DESCRIBE TYPE OF EXPENSE)	
MAKE CHECK PAYABLE TO:		
MAIL TO:		
<del></del>		HE CHECK FROM THE FOUNDATION OFFICE:
<del></del>		
California and Section 501(c)(3) requestor agrees to utilize all fu	of the Internal Revenue Code of	organized under the laws of the state of 1986, as amended. By signing this form, the ndanger the Foundation's exempt status as 501(c)(3) public charities.
NAME OF REQUESTOR:		
SIGNATURE OF REQUESTOR:		DATE:
APPROVED BY:		DATE:
RETURN TO: Michelle Riggs, <i>I</i> 11711 Sand	Director of Community Relations Canyon Road - CTB 209, Yucaipa	s and Resource Development a, California 92399-1799
FOR OFFICE USE ONLY:		
APPROVED AMOUNT: \$	FUND BALANCE: \$	AS OF:
ACCOUNTING CODE:		
SIGNATURE:		DATE:

For additional information or questions,
Please Contact:
Michelle Riggs
mriggs@craftonhills.edu or 909.389.3391

