

## 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, services or reimbursements to vendors and faculty and staff of Crafton Hills College for approved functions.

DEPARTMENT: \_\_\_\_\_ BUDGET: \_\_\_\_\_

EVENT OR ACTIVITY: \_\_\_\_\_ DATE OF EXPENSE: \_\_\_\_\_

REASON FOR REQUEST: \_\_\_\_\_ AMOUNT REQUESTED: \$ \_\_\_\_\_

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> STUDENT SUPPORT | <input type="checkbox"/> COLLEGE SUPPORT    | <input type="checkbox"/> STUDENT RECOGNITION |
| <input type="checkbox"/> PROGRAM SUPPORT | <input type="checkbox"/> STUDENT ENGAGEMENT | <input type="checkbox"/> OUTREACH            |
| <input type="checkbox"/> OTHER _____     |   |  |

MAKE CHECK PAYABLE TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

The CHC Foundation is a non-profit tax-exempt corporation organized under the laws of the state of California and Section 501(c)(3) of the Internal Revenue Code of 1986, as amended. By signing this form, the requestor agrees to utilize all funds in such a way as to never endanger the Foundation's exempt status as determined by the Internal Revenue Service code governing 501(c)(3) public charities.

NAME OF REQUESTOR: \_\_\_\_\_

SIGNATURE OF REQUESTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**RETURN TO:** Michelle Riggs, *Director of Community Relations and Resource Development*  
11711 Sand Canyon Rd - LADM 300C, Yucaipa, CA 92399-1799

### FOR OFFICE USE ONLY:

APPROVED AMOUNT: \$ \_\_\_\_\_ FUND BALANCE: \$ \_\_\_\_\_ ACCOUNTING CODE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



For additional information or questions, please contact  
Michelle Riggs at mriggs@craftonhills.edu or 909.389.3391