



## Glenville State h v ] À OE • ] š Ç Request for Foundation Funds

Glenville State h v ] À OE • ] š Ç employees must adhere to the approval process of the h v ] À OE • ] š Ç to request

Name:

Date:

Organization:

Amount: \$

Description of proposed expense activity:

Describe how the proposed activity supports the college department, and fund purpose:

Make Payment to:

Address:

Please Mail

Will Pickup

Please attach all vendor invoices. For reimbursements attach all receipts

If this is an online purchase that needs made with a credit card, please paste website URL and provide any further information needed for purchase. :

	Title	Signature	DATE
1	Requestor <small>VERIFIES EXPENDITURE IS NECESSARY AND IS IN BEST INTEREST OF THE</small>		