# SHORECLIFFS EDUCATION FOUNDATION

## Request for Funds

Date

New Request ☐

Budgeted Request ☐

**Person Requesting Check:**

**Amount Requested:**

**Invoice/Receipt Attached:** ☐

**Date funds are needed:**

**Check Payable to:**

**Address of Company:**

**Phone of Company:**

**How will funds be used?**

**Grade level and/or department benefiting from SMSEF funds:** Other: Pleas

**Department Head Signature:**

**Principal Signature:**

**Please email form with a copy of vendor documents/invoices to: shorecliffsfoundationtreasurer@gmail.com**

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**Internal Use ONLY:**

**Presented at the SMSEF Meeting on:**

**Approved** ☐

**Denied** ☐

**Deferred** ☐

**SMSEF Treasurer or President Signiature:**

**Date paid:** **Check #** **Check Amount** **Budget Category**