**San Diego High School Foundation**

**Funding Request Form**

**Date**:       **School**:

**Name**:       **Phone**:       **E-mail:**

*(SDHS teacher or staff member)*

**Total Amount Requested:** $

*(Include all taxes and shipping charges)*

**Item(s)**:

**Who and how many people will benefit from this request?**

**Need/Use of Requested Item(s):**

**Please note the amount and sources of any other funding requested and received for the item(s) if know:**

**Payment Information**

**Payment Type:** [ ]  Reimbursement [ ]  Direct Payment to Vendor [ ]  Payment to School/District

|  |  |
| --- | --- |
| **Check Payable to:**  |       |
| **Check Memo Line:** |       |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | Address (Enter if check is to be mailed): |
| **Check should be:** | [ ]  Delivered to School  | [ ]  Mailed |       |
|  |  |  |       |
|  |  |  |       |

*Please attach supporting documentation, including pricing information,
and be prepared to present the request at our next foundation meeting if requested*

**Principal/Vice Principal/Athletic Director’s Approval Required**

Recommended for approval? [ ]  Yes [ ] No

Comments: (Include amount and source of any other funding available, requested, and/or received)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

*(Print Name)*

**Foundation Use Only**

Foundation Recommendation for approval? [ ]  Yes [ ]  No Date:

Amount Granted:

Funding Source(s):

**If there are residual funds from this gift after the purpose has been accomplished,
they should be returned to the San Diego High School Foundation, Inc.**