



## 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:

Check should be:  Delivered to School  Mailed Address (Enter if check is to be 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.**