



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.**