

# SAN DIEGO HIGH SCHOOL FOUNDATION, INC.

## Funding Request Form



Date: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
*(SDHS teacher or staff member)*

Email: \_\_\_\_\_

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 efforts: \_\_\_\_\_

### **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 on our next foundation meeting if requested.*

### **Principal Approval Required**

Recommended for approval?    Yes    No

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
*(Contact person)*

Email: \_\_\_\_\_

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

### **Foundation Use Only**

Foundation recommended 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.***