

Indiana Deaf Children Foundation

Sponsorship Funding Request Form



Request Information

Date: _____

Requestor Name: _____

Requestor Contact (Phone/Email): _____

Payee Name: _____

Payee Address: _____

Payee Contact (Phone/Email): _____

Sponsorship Funding Information

Amount Requested: _____

Reason/Funds will be used for: _____

Type of payment (select one):

- Reimbursement (attach receipts)
- Pay invoice (attach invoice)
- Cash advance

Immediate supervisor's signature:	Date signed:
Division head's signature:	Date signed:
Superintendent's signature:	Date signed:

Approved funding source: _____