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## Lewellen Department Fund Funding Request

This form is also available on our Web site at [www.ahcfoundation.org/campus/](http://www.ahcfoundation.org/campus/)

Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

Campus Ext.: \_\_\_\_\_ Campus Fax: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Brief narrative about how this funding will be used:

Please attach the following items:

1. Budget
2. Timeline of project
3. Detail any additional sources of revenue or funding that will be part of this project.

**PLEASE NOTE:** *This request will be submitted to the foundation's Executive Committee at the next scheduled meeting. The Executive Committee meets the third Monday of the month and in order for the request to be considered, it must be received by the foundation by the first Thursday of the current month.*

**For office use only:**

Request approved  Yes    Amount approved: \_\_\_\_\_  
 No    Additional information required: \_\_\_\_\_

Funds transferred  Yes     No    Date: \_\_\_\_\_ Account # \_\_\_\_\_ Initials: \_\_\_\_\_