



**College of the Desert Foundation
Request for Restricted Funds**

Date of request: _____ Amount requested: _____

From (Requestor & Department): _____

Name of Foundation restricted fund: _____

4-digit number of Foundation restricted fund: _____

• **Purpose/Use of requested funds:**

What is the impact on departmental operations / impact on educational mission of the department?

- **Has item requested been reviewed in the PRU process?** YES NO

If NO, please explain: _____

Check payable to: _____

Forward check to: _____

BUSINESS OFFICE:

For requests not covered by the College, please forward goldenrod to the Foundation.

FOUNDATION USE ONLY: Is funding available? YES NO

Date _____ Verified By _____ Foundation Check # _____

APPROVALS:

Dean (Required) Date

Vice President (Required) Date

President (Required for \$10,000.00+) Date

Foundation Executive Director Date