**DIRECTIONS**

1. Complete the form below during the planning stages of a project and/or are seeking approval to use Foundation funds.
2. Form **must** be signed by the Provost and Dean of the College/Department.
3. Send signed form **and** supporting documentation to: **Accounts Payable, Lewis House** **(LEH)**

 or email:**advancementap@stcloudstate.edu**

**Please note that distributions must support and enhance the ability of St Cloud State University to ignite students’ learning and discovery of their gifts, their passions and their potential contributions to society.**

* ***Details of project must be included***
* *Dean/Provost will be notified if approved and reason if not approved*
* *Approvals will be sent to the Business Office*
* *Call 308-4914 or 308-4818 if you have questions*

**FUND INFORMATION**

**Requested Amount:**

**Foundation Fund Name:**

**Fund Number:**

# Details (explain request and attach documentation, see above):

**Special Instructions** (if any):

**Form Completed By** (print name):

**Phone Number:**

**Email:**

### RESPONSIBLE PERSON/Requestor

***I hereby request this approval from the St Cloud State University Foundation fund listed above and certify that it is consistent with the purpose of the fund and provides a charitable benefit to St. Cloud State University and/or its students.***

***Department Chair****:* **Date: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Dean****:* **Date: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Provost : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_**

SCSU Foundation Office:

Amount Approved:

|  |
| --- |
|  |

Fund Agreement Review Sign Off: Senior Accountant [ ]  Director of Finance [ ]  Executive Director SCSU Foundation [ ]

 (VP Advancement & Alumni Engagement)