

FRIENDS OF THE WICHITAS PROJECT FUNDING REQUEST

Regardless of origin, requests must have two approving signatures before funding.

Requestor: _____ Phone: _____

Program: _____ Email: _____

Project Title: _____

Est. Cost: _____ Date Required: _____

Type of Request: Equipment Food Supplies Other

Description/Justification of Request (Continue on reverse if necessary-attach supporting documentation):

Refuge Manager or designated approver Date

Approved Approved with stipulations Denied

Stipulations:

FOW Use only:	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
_____ FOW President	_____ Date