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

☐ Approved  ☐ Approved with stipulations  ☐ Denied

Stipulations:

FOW Use only:

☐ Approved  ☐ Denied

FOW President

Date

10/2018