



**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

\_\_\_\_\_  
Foundation Board Member Date