



Louisa Education Foundation

A 501c3 NonProfit Organization

"Investing in Our Future"

REQUEST FOR FUNDS FROM LCPS DISASTER RELIEF FUND

*Any funds granted may be used ONLY for the stated purpose.
Any unused funds must be returned to the LEF with expenditure documentation.*

DATE OF REQUEST: _____

APPLICANT: _____

SCHOOL: _____

APPLICANT'S E-MAIL CONTACT: _____

COURSE, GRADE LEVEL OR PROGRAM: _____

PLEASE STATE YOUR SPECIFIC NEED.

DID THIS NEED RESULT FROM THE AUGUST 2011 EARTHQUAKE? YES OR NO
IF YES, PLEASE EXPLAIN:

WHAT IS THE EXACT COST OF YOUR REQUEST? PLEASE PROVIDE A FINAL QUOTE
WITH DOCUMENTATION.

\$ _____

YOUR SIGNATURE: _____ DATE: _____

DEPT. CHAIR (if applicable): _____ DATE: _____

BOOKKEEPER: _____ DATE: _____

ITEM(S) FUNDED: _____

Amount Requested: \$ _____ Amount Approved: \$ _____ LEF Check # _____ Dated: _____

FOR SCHOOL BOOKKEEPER: Please verify the following:

Amount Received: \$ _____ / Amount Spent \$ _____ / Amount Returned to LEF: \$ _____

Date: _____ Initials _____ / Date: _____ Initials _____ / Date: _____ Initials _____