MDC-K Music, Theatre and Dance Department
Request for Funds

Date_____

Requestor_____ Amount Requested_____

Purpose for Funds_____

Recommended Vendor_____

Anticipated Date Materials or Services Needed _____

Item	***Item #***	***Quantity***	***Price per unit***	***Total***

_____ ***Grand Total***

Approval_____ Date_____
Department Chair

Not Approved_____ Date_____

Reason_____

Date Ordered_____

Request for funds requiring <u>services</u> must include an invoice with a "memo of understanding" as to the exact performance of service.

<u>Official Use Only</u>

Org Unit	***Qual1***	***Loc***	***GLC***	***Qual2***