

Request for Funds from Navarro Community Foundation Grant

Department Name _____

What is being purchased: _____

Amount of Invoice: _____

Name of person submitting request: _____

Email of requestor: _____

Phone of requestor: _____

(Check One)

Pay company directly

Reimburse department

You must attach invoice as well as proof of payment if needed to this request

Please include mailing addresses for payments or reimbursement recipients.

Email to: dylantidwell.ncvfa@outlook.com