

REQUEST FOR FOUNDATION COUNCIL FUNDS
from the
FARMHOUSE FOUNDATION

Name of Chapter: _____

Check is to be made payable to: _____
(either to chapter or to the member completing this form)

Information on member requesting reimbursement:

Name: _____

Address: _____

Phone Numbers: _____ _____
(area code) (area code)

PROJECT TITLE: _____

Start date of the project: _____

Completion date of the project: _____

Brief description of the project: _____

Expected benefits of the project: _____

Plans for evaluating of results: _____

<u>EXPENSE ITEM</u>	<u>SOURCE OF FUNDS</u>	<u>COST</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Requested by: _____ Date _____

=====

Approved by: _____ Date _____
President of Chapter

_____ Date _____
Foundation Council Chairman

=====

() This Request is approved.

() This Request is denied because _____

_____ Date _____
Executive Director, The FarmHouse Foundation

Completed application, along with copies of receipts, should be mailed to:

FarmHouse Foundation
7306 NW Tiffany Springs Parkway, Suite 210
Kansas City, Missouri 64153