

## **CEO Helping Fund**Request Form

Contact Person:	Program Requesting	Funds:		Date:		
Reason for request:  Emergency Request?: □YES □NO  Please provide a detailed reason / explanation for your request:  After ALL required signatures have been completed, please submit to:  Nancy Uber, Executive Assistant  Checks will be issued to vendors / institutions, NOT to individuals.  Program/Center Manager's Signature:  Date:  Division Director's Signature:  Date:  Date:  Date of Review:  Decision:  Recommendations:  Executive Director's Signature:  Date:  Check # / Date:  Check # / Date:  Address:  Phone:  Phone:						
Emergency Request?: □YES □NO  Please provide a detailed reason / explanation for your request:	Amount Requested:	W	re need by:			
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Division Director's Signature:	CI	•				
Division Director's Signature: Date:	Program/Center Mar	nager's Signature:				
Decision:	Division Director's Signature:					
Decision:	Date of Review:	Amount A	 warded: _			
Executive Director's Signature:						
(or Designee)           FOR FISCAL USE ONLY         Check # / Date:	Recommendations:					
FOR FISCAL USE ONLY  Vendor Name: Contact Name: Address: Phone:		Date:				
Vendor Name: Contact Name: Address: Phone:	(o. 200.g,					
Vendor Name: Contact Name: Address: Phone:				Charles II / Date		
Address: Phone:	FOR FISCAL USE O	NLY		Спеск # / Date:		
	Vendor Name:			Contact Name:		
City: State: Zip Code:	Address:			Phone:		
	City:	State	:	Zip Code:		