

Use of Donated Funds Request

Have you contacted the IFMC Representative via email at ifmcfunds@inova.org to verify fund availability and/or questions?

☐ Yes

*Requester Name: _____	*Department: _____
*Facility: _____	*Cost Center: _____
*GL Account: _____	*Amount Requested: \$ _____
*Fund Number: _____	*Fund Name: _____
Special Designation: _____	

Impact of Use: Please describe the purpose and justification for use of funds. Please provide how funds will help patient(s), research or the community.

Please gather any supporting documents (*invoice estimates, travel requests for conference travel research information, budget breakdown or other documents*) for approval and submission.

IMPORTANT: In order to proceed with your request, you must obtain Authorized Signatures (Requester Name, Authorized Fund Signatory and 2nd Signatory Review by Physician/Clinical Director/Mickey Kim if research).

Requester Name

Signature

Authorized Fund Signatory Name

Signature

2nd Signatory Review Name

Signature

Once **STEP 1** has been completed and signed, please continue to the online submission form in **STEP 2**.