

Inova Health Foundation - Use Donated Funds Application Impact Report & Application Request

Requestor:

Department:

Total Amount Request: (2020 Budget Utilization)

Please Answer the Following Questions:

Impact:

Purpose/Description: Please provide ways in which using these funds will help a patient, physician or the community or Inova? Budget Breakdown? (Large Request & Year Utilization) Please include as a separate attachment if necessary.

Additional Supporting Documents:

If you have supporting documents, please include them when you submit (i.e. invoice estimates, conference info, etc).

Do you have supporting documents? YES NO

If no, explain:

INOVA HEALTH FOUNDATION

Use of Donated Funds Application

Please save this form for emailing to the Foundation once Approval has been obtained from the Fund Designated Signatory.
Further information can be found on the InovaNet under Forms/Foundation.

For further assistance please contact: Assyatou Sow at 703-289-2055

Amount	Home Cost Center	Date	Department	Facility	Fund Name	Fund Number	GL Account	Brief Description	Requestor	Telephone	Vendor Provider Recipient

Amount Total

\$ 0.00

INOVA HEALTH FOUNDATION Use of Donated Funds Application Authorization

IMPORTANT: In order to proceed with your request, please submit the document for review. You will be prompted to print so you may sign and obtain approval from your authorized signatory.

Requester Name: Please Print Name

Requester Signature

Date

Authorized Signatory: Please Print Name

Authorized Fund Signatory

Date

IMPORTANT: Scan and email the authorized and approved application to Assyatou.Sow@inova.org for executive approval. Once approved by executive team, you will receive a confirmation email and instructions on how to utilize your funds. If you have questions or concerns, please send us an email at Assyatou.Sow@inova.org.

FOR FUNDS OFFICE USE ONLY

Authorized Signatory, Leadership

1/1/18

Date

Authorized Signatory, Finance

1/1/18

Date