



Grant Request
Updated 9/28/2023

Date of Request: _____

Grant Payment

Grant Pre-Approval

Person Requesting Grant:

Name _____
Title _____
Phone Number _____
E-mail _____

A grant is being requested from the following fund, choose one:

- Christensen Ophthalmology Fund
Family Fund
Hamlin Endoscopy Education Fund
Inpatient/Outpatient Rehabilitation Fund
W. Jack Stelmach, M.D. Educational Fund
Youman's Spiritual Care and CPE Education Fund
Other- _____

Name, title and department name of individual who will benefit from this request:

Name _____
Title/Patient _____
Organization/Department _____

Detailed description of proposed use of fund:

Support Documents Attached

- Course Documentation for pre-approval
Course/Product Documentation (.pdf of Educational flyer or screenshot of online information about course, date and cost or product information and cost.)
Invoice
Patient Release
Receipt of payment (for reimbursements)
Travel Expense Form and Receipts
Trip Budget for Pre-approval
W-9 (Required for all direct pay to speakers)
Other- _____

Grant amount requested: _____

Please pay to the order of:

Name of Organization/Individual _____
Street Address _____
City, State, and Zip Code _____
Phone Number _____
E-Mail Address _____

Choose one: Mail check to Payee Will pick up check Other- _____

Approved by: _____ Date: _____
Signature Required

Office Use Only
Fund ID: _____
Account Number: _____
Description: _____
Approval: _____
Approval Date: _____
Other Instructions: _____