



## Fund Expense Form

\_\_\_\_\_  
Name of Fund

\_\_\_\_\_  
Date

\_\_\_\_\_  
Expense/Invoice Amount \$

\_\_\_\_\_  
Invoice # (if applicable)

\_\_\_\_\_  
Purpose of Expense

\_\_\_\_\_  
Name of Organization/Business/Individual

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Contact Name/Title

\_\_\_\_\_  
Phone

If check is being reimbursed to an individual instead of the original company listed on the invoice, please list reason(s) here:

\_\_\_\_\_  
I confirm that this expense is (1) part of the pre-approved budget and (2) relates to the purpose of the fund.

I/we acknowledge that these recommendations do not represent a payment of any pledge or other financial obligation, or do I/we expect any personal benefits from this charitable distribution. The final judgments about these recommendations rests with the Board of Governors of SAF, whose charge it is to see that all distributions from funds are consistent with the Foundation's purpose, have met the due diligence requirements, and comply with IRS regulations.

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

**Please attach the invoice to this request. Fund expenses cannot be paid without an invoice or receipt.**

**Completed forms can be sent to:**

**615 Jefferson Avenue, Suite 102, Scranton, PA 18510 OR email: [maggie@safdn.org](mailto:maggie@safdn.org)**