

**University of the East Ramon Magsaysay Memorial Medical Center Alumni Foundation,
U.S.A., Inc.**

REQUEST FOR FUNDING

Funding for: _____

Amount Requested: _____

PROPOSED BUDGET:

ITEM/MATERIAL/SERVICE	COST	Company where the Item or materials will be Purchased

Include the needed documentation such as:

- ◆ **Purchase Order**
- ◆ **Brochure**
- ◆ **Pictures**
- ◆ **Flyer/Announcements**
- ◆ **Publications**

When do you need the funding? _____

Completed by:

Name: _____ **Date:** _____

Signature: _____

Department: _____

/atc
6/02

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Alumni Foundation U.S.A., Inc.**