Spartanburg County Foundation
424 East Kennedy Street I Spartanburg, SC 29302
864.582.0138 I www.spcf.org

Component Fund Grant Expense Request Form

Use for any fund except Donor-Advised Fund or Supporting Organizations
*Instructions: Press **Tab** to move between gray fields*

*****Denotes Required Fields*

***Fund Name** ***Fund #**
5-digit fund #

I request the following grant expense to be paid:

***Vendor/Payee Name:** ***Grant Expense Amount $:**

***Address:**

***Vendor Email:**

***Contact Person:**

Supporting Documentation Attached? ☐ **YES** ☐ **NO**

REQUIRED
- Invoice (and a form W-9 from vendor if SCF has never paid the vendor prior)
- Receipt(s) (if being reimbursed)

***Purpose** (as this expense relates to the Fund Agreement)**:**

Special Instructions:

***Requests must be received before 5:00 p.m. on Friday, to have a check issued on the following Friday.**

***Authorized Signature of Awards Committee Member** ***Printed Name of Awards Committee Member**

***Request Date:** Click or tap to enter a date. ***Phone Number:**

Please mail this form to the Foundation at 424 East Kennedy Street, Spartanburg, SC 29302, or fax to (864) 573-5378, or email to accounting@spcf.org.

For questions, please contact the Foundation at (864) 582-0138. Please retain a copy for your records.