



Community Savings Account "Direct Fund Expense" Recommendation Form

****DISCLAIMER****

The undersigned recognizes the South Dakota Community Foundation's "Procedures and Guidelines for Operation of Advised Funds" which were last amended January 25, 2007 (Procedures). **Furthermore, the undersigned recognizes that direct fund expenses may only be made to purposes consistent with the Foundation's non profit and charitable mission.** The undersigned also understands that the SDCF Board of Directors has ultimate authority over all distributions made from the below mentioned fund and may deny a request if it will potentially compromise the non profit standing of the SDCF. If for any reason the expense is later determined to be inconsistent with the Foundation's purposes, the donor or authorized representative may lose the privilege to make future award recommendations.

DATE: _____

FUND # _____

The undersigned Authorized Representative of the _____ (Fund Name)
is hereby recommending a direct fund expense be made:

In the amount of: \$ _____
(Original receipt or invoice must be attached)

Paid to the order of: _____

Please provide W-9 for any new vendor.

Briefly state how this expense coincides with the fund's charitable purpose:

Name of Authorized Representative

Signature of Authorized Representative

Contact Phone Number

Please mail check(s) to: _____