

# REQUEST FORM TO BE COMPLETED BY WARD MANAGER



fundraisinghelpingvolunteering

Stating what is required in as much detail as possible a description of the required item, quotation with price and any available literature.

Reason for request will be most helpful for consideration at the next Committee meeting, normally the last Thursday in the month.

Please hand to a member of the League or post/email to:  
Granville Staves, 17 Paddock Lane, Blyton, Gainsborough, DN21 3NF  
Email: [granville@sghlof.org](mailto:granville@sghlof.org) Tel: 01427 628882 or Mob 07900080003

**You will receive written notification whether successful or not within 28 days so it is very important you provide us with your email address.**

## **FULL DETAILS OF ITEM AND REASON FOR REQUEST**

WARD NAME/NUMBER: \_\_\_\_\_

Any attachments: YES/NO

COST: £ \_\_\_\_\_

Please note: The cost above will be invoiced, any further monies over and above will have to be provided by yourselves.

**Please confirm that no monies are available from NHS/Trust/Ward Charitable funds.**

I confirm YES/NO (Please circle)

Signed: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

WARD MANAGER

Tel No \_\_\_\_\_ Ext \_\_\_\_\_ Email Address: \_\_\_\_\_