

Secchia–Allen Student Transportation Fund

Bus Funding Request Form Gerald R. Ford Presidential Foundation

School District: _____

% of District Students at Risk: _____

School Name: _____

Phone Number: _____

Teacher: _____

Date of Visit: _____

Name of scheduled class: _____

Number of Buses Requested: _____

Estimated Cost: \$_____

(Amount must be filled in for approval)

Teacher's Signature: _____

Date: _____

Principal's Signature: _____

Date: _____

PLEASE NOTE:

- If considering charter buses, prior Foundation approval is required.
- Bus funding granted once a date has been reserved to visit the Museum.
- The Secchia-Allen Student Transportation Fund does not cover driver stipend or meals
- Final invoices must be submitted within 90 days of field trip date to be paid

Return completed form using one of the following methods:

- Email: avandervliet@38foundation.org
- Fax: (616) 254-0403
- Mail: Gerald R. Ford Foundation
Attn: Bus Fund
303 Pearl Street N.W.
Grand Rapids, MI 49504

For questions please call:
Abby Vander Vliet
616-254-0396

Foundation Use Only

Date of Request: _____

Funding Approved: Yes: ___ No: ___

Amount Approved _____

Received by: _____

Reason for Denial: _____

Final Invoice Received: _____

Pending Availability of Funds: Yes: ___ No: ___

Final Bus Cost: _____

Date Notified of Approval / Denial: _____

Date Submitted for Payment: _____

Notified by: _____