

OCSO Sheriff's Star Charity Fund Request



Date: _____

Requester Name: _____

Telephone: _____ Email: _____

Brief Narrative of Need:

Lodging: \$ _____ Travel: \$ _____ Food: \$ _____

Other: _____ \$ _____

Total Request: \$ _____

Below for Internal Use Only

Endorsement of Need: _____

Charity Board Member

Charity Board Member Signature _____

Charity Board Member Signature _____

Approved: \$ _____

Denied: _____

Comments: