

Ref no:

Reg. Charity 1054527

**Charitable Funds - Request to Expend Form**

**Requestor Name:**

**Ward/Dept: Date of Request:**

**Fund Name: Fund No:**

(Leave blank if unknown)

**Please complete all areas of the form**

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| **Description/ Specification of Purchase**  **(Attach separate sheet if needed) :** | | **Cost including VAT** |
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| **Total Charitable Cost** | | **£** |
| **Revenue Cost Implications (Maintenance / Training Etc.)**  **Give details:** | |  |
| **Explain how patients will benefit:** | | |
| **Please complete the other side** | | |
| The purchase of equipment above £1,000 has to go through MERG. Charitable fund authorisation should be received first before applying to MERG to ensure there is funding available.  MERG Approval Required? Y/N | | |
| If your application will benefit more than one ward, have all wards been consulted so they are aware of your funding application and they are supportive of your request?  Y/N | | |
| Are the League of Friends or Other Outside Bodies involved in the Purchase?  Y/N  ***If Yes****, please attach a letter of funding confirmation from the Funding Body concerned* | | |
| **Requestor Authorisation**  Name:  Signature:  Date: | **Line Manager Authorisation**  Name:  Signature:  Date: | |
|  | | |
| **Fund holder Authorisation Fund number:**  As fund holder I have considered this request and confirm it meets the Charitable Expend Tests?  (Detailed in section 3.2 of Charity Expenditure Policy)   * The public perception test Y/N * The patient benefit test Y/N * The additionality test Y/N | | |
| **Name:**  **Signature:** **Date:** | | |

**Email the completed form to:** [**Charity.finance@york.nhs.uk**](mailto:charity.finance@york.nhs.uk)

**Charitable Funds, Financial Services, Tribune House, Tribune Way, Clifton Moor, York, YO30 4RY**