

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**

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