

**Blue Grass Community Foundation
Fiscal Sponsor Project Expense Form**

BGCF Fund Name		
Project Name:		
Amount:		
Payee:		
Contact Name:		
Street Address:		
City, State, Zip:		
Phone Number:		
E-Mail Address:		
Purpose of Expense: (Please Attach Relevant Supporting Documents)		
Signature of Authorized Fund Advisor:		Date:
Printed Name:		
Phone Number:		
E-Mail:		
Mailing Instructions: <input type="checkbox"/> Mail Check to Vendor <input type="checkbox"/> Mail Check to Fund representative <input type="checkbox"/> Check will be picked up by _____		
Checks will be mailed to the vendor unless otherwise specified **Checks generally take a week to process**		

Mail, Fax or Email to: Blue Grass Community Foundation
Attn: Brian Dineen
499 East High Street, Suite 112
Lexington, Kentucky 40507
Phone: 859-225-3343; Fax: 859-243-0770
Email: bdineen@bgcf.org