**Upshur Human Resources, Inc.**

**Flower Fund Request Form**

**Per advisement from on**

 **Management**

 **, I am requesting the following expenditure for**

 **(Date)**

 **.**

 **(Employee Name)**

**Special Notes: (i.e. Hospital/Release Info or Burial Arrangements)**

**Due to:**

**Death Illness**

**Flowers Flowers**

 **Food Balloons**

 **Money Card**

 **Card**

**Vendor Information**

**Note: See Fiscal/Personnel Manager to verify participation prior to completion of request.**

**Expenditures may not exceed $50 in event of death or $25 for hospitalization. See flower/food fund policy.**

**Requested by: Date:**

**Approved by: Date:**

May 30, 2008