

ARE YOU *in*?

INVEST IMPACT INSPIRE

An employee giving campaign for our network.

2018 EMPLOYEE GIVING CAMPAIGN PROJECT REQUEST

Thank you for participating in the employee giving campaign and for your interest in improving the patient experience at Inspira Health Network.

Name of Project: _____

Location of Project: _____

Amount Requested: \$ _____ (If applicable, please attach estimate from Amazon.com)

Purpose: _____

(You may attach additional documents and a proposed implementation plan for this project.)

Employee Name: _____ Department: _____

Email: _____ Phone: _____

Date Submitted: _____

Person(s) to monitor expenditure and outcomes of project:

Supervisor _____ Approved _____ Denied _____

Manager _____ Approved _____ Denied _____

Director _____ Approved _____ Denied _____

Final Approval: _____

(Chief Operating Officer or other senior service line leader.)

Foundation: _____ Date Approved and Sent to Purchasing: _____

