* All expenditure should be approved by ACT before any commitment to spending is made.
* Please submit the form at least a month before payment is due.
* ACT aims to reply to all requests within two weeks with either a decision or timescales and next steps (for projects over £5,000).
* Please attach any additional information that you feel may help us in assessing your request, e.g. quotes.
* If you have any queries, please contact ACT on 01223 217757.

|  |
| --- |
|  **About you** |
| **Name** |  | **Phone** |  |
| **Email** |  | **Box** |  |
|  |
| **Funding requested** |
| **Total amount requested** (or best estimate) |  **£** |
| **Is the above figure an estimate?** | **Yes/No** |
| **Description**In around 100 words, please describe what is being requested, ensuring your response is understandable to a lay person.Things to think about:* What will the money be used to purchase?
* What is the benefit to patients?
* Why is this not considered a core NHS cost?
 |
|  |
|  |

ACT has over 400 designated funds. If you have identified a designated fund for this expenditure, please complete Annex 1. If not, please send only this page to fundsandgrants@act4addenbrookes.org.uk or Box 126.

|  |
| --- |
| **ACT INTERNAL** **Comments:** |
| **Request to be taken to pipeline meeting?** |  |
| **Options for routing:** |
| Fund (CUH Fund Advisors) |  |
| Fund (ACT Fund Advisors, e.g. Legacy) |  |
| Fundraising |  |
| RAC |  |
| Innovation |  |
| PAC |  |
| Decline |  |
| Further information required |  |

**Annex 1 – OPTIONAL**

**Please only complete this page if you have identified a designated fund for your request.**

|  |
| --- |
| **Fund details**  |
| Fund name |  |
| Fund number | **9** |
| **Nominal code (ACT Internal)** | **7** |
| **Fund advisor approval (for requests up to £500)** |
| Signature |   |
| Name |  |
| Email |  |
| **Second fund advisor approval (for requests over £500)** |
| Signature |   |
| Name |  |
| Email |  |
| **Associate Director of Operations approval (for requests of £1,000 and above)** |
| Signature |   |
| Name |  |
| Email |  |

|  |
| --- |
| **Payment details** |
| **Payee details**Please put the name of the person or company we need to pay |  |
| **Please provide bank details of payee**If payee is paid by CUH, please provide payroll number |  |
| **Breakdown of costs** |  |
| **Payment method (please tick as appropriate)** | [ ]  **Reimbursement** [ ]  **Invoice to pay** (please attach)[ ]  **Order needs placing** (please complete the section below) |
| **Orders - please complete this part of the form if your request requires an order to be placed** |
| **Supplier details**Website/phone/contact name |  |
| **Quote reference** Please attach quote |  |
| **Unit of issue** | **Product number** | **Quantity** | **Description** | **Price (ex VAT)** | **Is VAT due?** |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
| **Delivery details** |
| **Ward/department** |  |
| **Address** |  |
| **JW transfer point code** | **JW** |