

DR. HUI LEE TRUST FUND

The Dr. Hui Lee Trust Fund is dedicated to providing financial support to initiatives directly associated with the promotion of health through education, research or community projects.

Funds Requested For:

Amount Requested: \$ _____ (including all taxes/shipping, etc.)

Amount Payable To: _____
(Full and complete name)

List Other Sources of Funding either applied for or approved:

Other Comments/Background:

Additional Material in Support of Request Attached

Submitted by: _____ Date: ____/____/____

Approved by: _____ Date: ____/____/____

: _____ Date: ____/____/____

(Must be approved by 2 signatures of Dr. S. Fratesi, Dr. R. Wytsma, and/or Dr. A. Lee)

Reviewed by: _____ GHC TF Date: ____/____/____

Payment Requirements:

Instructions: _____
