



**BRANDON
UNIVERSITY**

Flower Fund Request

Date: _____

TO: Human Resources

FROM: _____

Subject: FLOWER FUND

Employee's Name _____

Department: _____

Person Informing HR: _____

Reason:	Birth	Girl	Boy
Name:		Weight/Length:	_____
	Illness		
	Bereavement	Passing of:	_____

Employee's Location: _____
(HR to provide)

Telephone Number: _____
(Admin to provide)

Fruit Basket

Flowers

Plant

Donation

Other: _____

Any other information to note: _____
(Ex. Food or Flower allergies; date employee is available to receive gift)

HR OFFICE USE
Charge code: 5215 – 318
Date Ordered: _____
Location Ordered From: _____
Payment Method: _____