

REQUEST FOR FUNDS FORM

Date of Request: _____

Date of Event: _____ / _____ / _____

TO (Ministry Leader): _____

FROM (Area Coordinator): _____

Ministry: _____

Amount: \$ _____

Purpose of this Request: _____

Make check payable to: _____
(Checks are written on the 15th and 30th of each month. Please plan accordingly.)

Ministry Leader Approval:

Date of Approval: _____ / _____ / _____

Print Name _____

Signature _____

Date submitted to Financial Ministry: _____ / _____ / _____

Is this a reimbursement? YES NO *(Please attach all receipts or invoices for purchase)*

Did you preauthorize the purchase of products or goods? YES NO
Please note- the church has the right to deny reimbursement of any unapproved or non-preauthorized purchases)

Is this within your budget? YES NO

Financial Ministry Approval

Print Name _____

Signature _____

Date of Approval: _____ / _____ / _____

Date Check Written: _____ / _____ / _____