



MINISTRY FUNDS REQUEST FORM

Complete the form below and submit it to the Department Head.

GENERAL INFORMATION

Department:	Name of Ministry/Team:
Ministry Leader:	Submitted by:
Requesting Dates: (Circle One) Jan 1 - Mar 31 Apr 1 - Jun 30 Jul 1 - Sept 30 Oct 1 - Dec 31	

Comments: _____

REQUEST INFORMATION

Request Type: Purchase Request Advanced Funds Reimbursement Invoice Credit Card

Amount: _____

Purpose: _____

Payee	Description of Item	Qty.	Total Amount	Date Needed

Comments: _____

FOR OFFICE USE ONLY

Chief Financial Officer Initials: _____ Date Processed: _____ Approved Not Approved

Pastor/CEO Initials: _____ Date Processed: _____ Approved Not Approved

Comments: _____

