



# MINISTRY FUNDS REQUEST FORM

Complete the form below and place in the Office In-basket.

## GENERAL INFORMATION

Department:	Ministry Leader:
Name of Ministry Group/Team:	Submitted By:
Additional Comments:	

## REQUEST INFORMATION

Request Type:       Purchase Request     Advanced Funds     Reimbursement     Credit Card  
 Invoice

Amount: \_\_\_\_\_

Purpose: \_\_\_\_\_

Payee	Description of Item	Qty.	Total Amount	Date Needed

\*Additional Items can be Inputted on the Back

## FOR OFFICE USE ONLY

Ministry Assistant Initials: \_\_\_\_\_ Date Received: \_\_\_\_\_  Reviewed/Verified

Pastor Initials: \_\_\_\_\_ Date Received: \_\_\_\_\_  Approved       Not Approved

Additional Comments: \_\_\_\_\_

