

# Funds Request Form

(attach all receipts,bills, etc., to back of this form)

All requests for advance funds must be submitted 2 weeks in advance.

All requests for reimbursements must be submitted within 2 weeks after event date.

## Type of request:

Advance                       Reimbursement                       Donation – (submitting info for records only)

Ministry/Event Name: \_\_\_\_\_

Date Of Request: \_\_\_\_\_

Requested by: \_\_\_\_\_

Check to be written out to: \_\_\_\_\_

Address: \_\_\_\_\_

*(Please completely fill out address each time)*

Description -- Please Itemize by ministry/event	\$ each	Qty.	Total \$

**GRAND TOTAL:** \_\_\_\_\_

## ADDITIONAL INFO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## OFFICE USE ONLY:

Date Submitted: \_\_\_\_\_ Ministry Approval: \_\_\_\_\_

Date paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_