

NEW MORNING LIGHT BAPTIST CHURCH REQUEST FOR FUNDS

Date:

Submitted by:

Amount of this transaction:

Make Check Payable to:

Address:

Ministry Balance:

How will funds be used:

Finance Chairperson:

_____ Approve/Disapprove _____

Date

Trustee:

_____ Approve/Disapprove _____

Date

Deacon:

_____ Approve/Disapprove _____

Date

Pastor's Decision:

_____ Approve/Disapprove _____

Date