



# MINISTRY FUNDS REQUEST FORM

Complete the form below and submit it for approval.

## GENERAL INFORMATION

Department:	Today's Date:
Department Head:	Submitted by:

## REQUEST INFORMATION

Please circle the type of request.

Request Type: Purchase Request    Advanced Funds    Reimbursement    Invoice    Credit Card

Amount: \_\_\_\_\_ Date Needed: \_\_\_\_\_

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

Payee	Description of Item(s)	Total Amount

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

## FOR OFFICE USE ONLY

Received by: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Approved     Not Approved

Date Paid: \_\_\_\_\_  Check # \_\_\_\_\_  Credit Card     PayPal

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

\_\_\_\_\_  
Finance Department Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Pastor's Signature

\_\_\_\_\_  
Date