

Crossfix Ministries, Inc.

REQUEST FOR DISBURSEMENT OF FUNDS

(Attach Receipts)

Requested by _____

Church office or Position _____

Purpose _____

Charge to Budget Account _____

Make Payable to: Name/Company _____

Address _____

City/State/Zip _____

Amount _____ Check needed by (date) _____

Handle as follows: Mail _____ Leave at Church Office _____

Hand Deliver to: _____ (Name)

Signature _____ Date _____

Approved by _____

Date Paid _____ Check No _____
