REQUEST FOR FUNDS

An approved **PLANNING FORM** *must be received before submitting this form.*

Please submit this form to your Department Head.

___Approved ___Not Approved ___More Info Needed ___Date Received	**COMMENTS / SUGGESTIONS** **RECEIPTS are needed within 5 days after all events.**

Name of Ministry **and/or** Expense Account _____ Date _____

Name of Event **and/or** Reason for Expense _____

Date of Event _____

Amount Requested _____ Date Funds Needed _____

Make check payable to _____

Complete address for mailing _____

Hold for Christian Education Ministries _____ Hold for Other Ministries _____ Mail_____

Have you received an approved Planning Form? _____

Purpose of requested funds (refreshments, rentals, deposits, materials/supplies, gifts, etc.)

_____

TRIO_____Phone _____Email_____

TRIO_____Phone _____Email_____

TRIO_____Phone _____Email_____

Coordinator_____
Signature **Date**

Approval Signature _____
Executive Staff Signature ***(Please allow five (5) days.)*** ***Date***

Revised/CED December 2010