REQUEST FOR FUNDS

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

Please place this form in the Christian Education mailbox.

____Approved ____Not Approved ____More Info Needed ____Date Received	**COMMENTS / SUGGESTIONS** **ADDITIONAL TO FIRST CHECK.** **RECEIPTS are needed within 5 days after all events.**

Name of Ministry **and/or** Expense Account _____ Today's 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.)

_____

_____

Signatures of TRIO Ministers

TRIO_____Phone _____Email_____

TRIO_____Phone _____Email_____

TRIO_____Phone _____Email_____

Coordinator_____
Signature **Date**

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

Revised July 2007