



FUND REQUEST AND FUND TRANSFER REQUEST

PLEASE PRINT LEGIBLY

Request must be complete with receipts if necessary or it will be returned to you.

Date of Request: _____

Department: _____

Requestor's Name: _____

Dept. Director: _____

Requestor's Signature: _____

Dept. Director's Signature: _____

Best # to reach you at: (_____) _____

Email: _____

call only text or call

Amount of Request: \$ _____

Dated Needed: _____

(Payment)

Pay to the Order of: _____

Purpose: _____

Address: _____

Telephone: (_____) _____

OR check here if address is on file

This is a...

- REIMBURSEMENT (receipts MUST be attached or no payment will be made)
 PAYMENT (see below*)
 GIFT (see below*)
 OTHER: _____

*Due to government laws, please provide Social Security # or Tax Payer I.D. if payment or gift is over \$100.00 _____

Please...

- Mail Check Put In Dept. Box Check will be picked up from front office

(Funds Transfer)

Please TRANSFER the amount requested...

FROM _____ account TO _____ account
(Department/Fund Account) (Department/Fund Account)

(Notes from requestor to office)

(For office use only)

Office Signature: _____

Pastor's Signature: _____

_____ Check Stub Attached
_____ Transfer Made

Check Mailed Put in Dept. Box Left in Front Office
Date: _____