



REQUEST FOR FUNDS

Date: _____

Ministry Requesting Funds: _____ Amount: _____

Payable to: _____

Address: _____

City/State/Zip Code

Mail Hand Deliver/Pick-up _____

Total amount requested is itemized below:

Amount	Description

Requester Signature/Date

Ministry Leader Signature/Date

Church Administrator/Signature/Date

For Use by Finance Office Only:

Fund Account: _____

Budgeted Item/Ministry Funds Yes No

Approved Disapproved _____
Comptroller/Signature/Date

Disbursement made by: Check #: _____ or Credit Card # (last 4): _____

Original Receipt Attached Receipt Not Required Receipts Not Available Will Be Provided

Amount Refunded to CEBC

Date	Amount Returned