

Great Commission Baptist Church

REQUEST FOR FUNDS

Form must be filled out completely or it will be returned

Date: _____

Requester: _____

Amount Requested: _____

Ministry/Staff Dept/Committee: _____

Funds Needed By Date: _____

Forms submitted by Monday at 5:00 p.m. will be processed on Wednesday

Please submit all quotes, invoices, or purchase orders along with this completed form, in a sealed envelope, to Charlotte Humphrey / Finance Office or email chumphrey@gcbcftw.org. All reimbursement requests must have receipts attached.

Payee Name: _____

Payee Address: _____

Payee Phone: _____

Purpose / Description of Items / Events:

- Budgeted Item
- Non-Budgeted Item
- FREE WILL OFFERING FUNDS

Fund Request Coordinated thru:

Ministry Treasurer: _____
(signature required) *Date*

Ministry President/Coordinator: _____
(signature required) *Date*

Cafe 242 Manager: _____
(when purchasing uniform items thru bookstore) *(signature required)* *Date*

Ministerial Leader: _____
(signature required) *Date*

Business Office: _____
(signature required) *Date*

- Funds Available
- Funds Not Available

Pastor's Approval: _____

Date: _____

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