



# MT. ZION BAPTIST CHURCH

## Request for Funds

*(Please allow 2 weeks to process your request)*

Today's Date \_\_\_\_\_ Check Due Date \_\_\_\_\_

Department Name \_\_\_\_\_ Ministry Name \_\_\_\_\_

Person Requesting Funds \_\_\_\_\_

Requestors Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Make Check Payable To: \_\_\_\_\_

*(Payee cannot be the same as Person Requesting Funds)*

Address (if required): \_\_\_\_\_

\_\_\_\_\_ *(please provide complete address information)*

| Description   | Unit Price | Quantity | Amount           |
|---|------------|----------|------------------|
|   |            |          |                  |
|   |            |          |                  |
|   |            |          |                  |
|   |            |          |                  |
|   |            |          |                  |
|   |            |          |                  |
|   |            |          |                  |
| <input type="checkbox"/> <i>I understand that if I spend more than the approved amount that Mt. Zion is not obligated to reimburse me for the additional amount. (Box must be check or request will not be processed)</i> |            |          | <b>Sub Total</b> |
|   |            |          | <b>TAX</b>       |
|   |            |          | <b>TOTAL</b>     |

*(Please check one)*

- Check Request *(Please give check to: \_\_\_\_\_)*
- Authorized Reimbursement *(Please attach receipt(s))*
- Credit Card *(Please attach receipt(s))*

*(Check Mailed on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ or Picked Up by: \_\_\_\_\_)*

|                                    |  |      |  |
|------------------------------------|--|------|--|
| Signature of Ministry Leader:      |  | Date |  |
| Signature of Department Head:      |  | Date |  |
| Signature of Church Administrator: |  | Date |  |

Please return any unused funds and receipts with this request.  
 No reimbursement will be issued for funds spent over request.  
***(Please see back for instructions)***

1. Obtain Request for Funds Form (*To ensure that your request for funds is expedited in a timely manner please give yourself a minimum of 2 weeks*).
2. Complete form in its entirety (*Dept. name, check payable to, cost of item, including tax, etc.*).
  - **The person requesting funds cannot be the same as the payee.**
3. Signed approval from Sub-Department Head (*Ministry Leader*)
4. Signed approval from Department Head (*Head of the Entire Department*).
5. Bring completed and signed form to Ministry Services for final review.
6. Ministry Services will make copies for:
  - Department Head (if requested)
  - Sub-department Head (if requested)
  - Person requesting funds (if requested)
7. Original goes to the Accounting Dept. (*make sure all receipts are attached*)

**NOTE:** Remember funds will only be disbursed if the money is available.