

OFFICE USE ONLY

Account and Check Number Funds Were Issued From: _____

**Triumphant Church
Funds Request Form**



Submission Date: _____ / _____ / _____

Please indicate method of payment requested

_____ CHECK _____ CASH _____ CREDIT CARD

Payable To: _____

Address: *(if payment needs to be mailed)*

Amount: \$ _____

Description of Funds Request:

(please attach copies of deposit worksheets, receipts or estimates of intended purchases)

Date When Funds Are Needed: _____ / _____ / _____

Requested By: _____

Approved By *(ministry leader):* _____ **Date:** ____ / ____ / ____

Approved By *(operations manager):* _____ **Date:** ____ / ____ / ____

Ministry Leaders, please remember requests are to be made in a timely manner. Last minute & emergency requests should not be the norm. Additionally, except for extreme cases, funds requested will be issued no sooner than three days of the date approved by the Operations Manager.