



**SJBC BUDGET & FINANCE COMMITTEE
REQUEST FOR FUNDS**

Requestor: _____ Date: _____

Ministry Committee Requesting Funds: _____

Budget Line-Item to be Charged: _____ Code: _____

Reason for Request: _____

Amount of Request: _____ Date Required: _____
Allow a minimum of 7 days

Check Payable to: _____

Mailing Address: _____

Memo Section Note: _____
To be completed by staff only

Mail Check? Call for Pick-Up? Phone Number: _____
If prefer to pick-up

Requestor's Signature: _____ Date: _____

Approved By: _____ Date: _____

Reviewed & Approved By: _____ Date: _____
Operations Director, Tracy Davis-Hunt

Please attach receipts, contracts and any supporting documents to this form using a paper clip (do not staple) and place in the voucher folder in the operations director's office. Ministry leaders please submit your requests to lisa copelin for review and approval. To be considered for reimbursement, vouchers must be submitted within 60 days of the incurred expense.

Please Do Not Write Below This Line

Approved: _____ Disapproved: _____ Date: _____

Approved: _____ Disapproved: _____ Date: _____

Reason for Disapproval: _____

Check #: _____ Date: _____ Support Documents Attached? Yes No