



# Shiloh Seventh Day Adventist Church

## Funds Request Form

Shiloh SDA Church

<b>Status:</b> <i>(Approved or Not-Approved)</i>	
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**Request Submitted On:**

**Date payment is needed:**

*Checks are written weekly on Wednesdays. Please make arrangements if payment is needed sooner.*

Request Details		
<b>Dept. / Committee Requesting Funds:</b>		
<b>Submitted By: (Dept. Head or Delegate)</b>		
Expense Description:		
<b>Intended Use of Funds:</b>		
<b>Justification for Purchase:</b>		
<b>Quoted Costs:</b>		If applicable, please make sure receipts are attached or invoice provide at time of check pickup/mailing
<b>Payable to:</b>		
<b>Payment Instructions:</b>		
<b>Charge to: (Ops or Non-Budget)</b>		

Payment Authorization:		Date:
<b>Dept. Head / Delegate Signature:</b>		
<b>Authorizing Finance Committee:</b>		
<b>Chairperson:</b>		

Authorizing Committee Voting Record			
Committee Member	Vote	Committee Member	Vote
Vote Tally: Yes = 00 No = 00			

Account Name: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Payment date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Check #: \_\_\_\_\_  
Payment prepared by: \_\_\_\_\_