

SHILOH BAPTIST CHURCH

"A Church Determined to Know Christ"

Request For Funds

Request Date: _____ Required Date: _____

Account/Ministry Category: _____

Ministry Name: _____

Amount Requested: \$ _____ Budget Year _____

Payable To: _____

Ministry Servant Leader

Deacon

Reason For Fund Request/Description of Event
(This should match Explanation/Justification from Budget Proposal Sheet)

| Description of Items | Price |
|----------------------|-------|
| | |
| | |
| | |
| | |
| Total | |

Administrative Use Only

| | |
|---------------|---------------------|
| Check Date: | Additional Remarks: |
| Check#: | |
| Acct. Number: | |

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