



Funds Request Form

Prepared by: _____

Today's Date ___/___/___

Department (Please Check One)

New Life	Victory Tabernacle	South Tampa	Carrollwood UPC
Plant City	Havana	Belle Glade	Wesley Chapel
Sulphur Springs	Haines City	Kissimmee	Iglesia Vida Nueva
Special Groups	Outreach	Men's Ministry	Iglesia Vida Nueva HC
Guest Services	New Convert	Ladies' Ministry	Iglesia Vida Nueva TNC
Education	Administration	Technology	Sarasota
Auxiliary Name: _____			

***** Please Allow 3 Days for Processing*****

Purchase Description

Service (s) or item (s) to be purchased:

Special Instructions: _____

Approved Amount: \$ _____ Receipts Attached: _____ Receipts to Follow: _____

Method of Payment (Please check one): Check ___ Cash ___ Charge ___ Transfer of Funds ___

Method of Delivery Please check one): Pick up ___ Mail ___ N/A ___

Desired/Transaction Date: _____ Time: _____

Payee Information

Name: _____

Address: _____

Memo: _____

***** Approval Information *****

Departmental Head Signature: _____

Authorizing Signature: _____

***** For Accounting Department Only *****

Account Type: _____ Cash _____ New Life _____ Iglesia Vida Nueva

_____ Victory Tabernacle _____ Carrollwood UPC _____ Plant City UPC

Transaction Date: _____ Transaction Amount: _____

Check Number: _____ Confirmation Number: _____