

Greater Shiloh Church Main & North Campus



Request for Funds Expenditure or Transfer

Date: \_\_\_\_\_

Ministry Name or Account: \_\_\_\_\_

Requester's Name: \_\_\_\_\_

Check    Cash    Credit Card    Transfer   Amount: \_\_\_\_\_

Pay or Transfer  
To The  
Order of \_\_\_\_\_

Pastor's Top Priorities: Equipping of the body; Unification of the body; Promotion of the gospel; Building of 2<sup>nd</sup> Phase; and Serving the community.

Be specific about request; what for, how many, etc. Attach all receipts, billing, or whatever literature is appropriate for this request.

For: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach receipts

Signature: \_\_\_\_\_

**FOR ADMINISTRATION USE ONLY**

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_  Finance Ministry  
 Elder Ministry

Representative Signature: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_