

**Freedom Fellowship Church
Funding Request Form**

Ministry: _____

Date: _____

Amount of Funding Requested: _____

Date Funding is Required: _____

Reason Request is Being Made (How will this funding be used to strengthen the family?):

Requestor Printed Name: _____

Requestor Signature/Date: _____

To Be Completed by the Finance Committee

Request Approved _____ Denied _____

Amount Approved: _____

Reason for denial:

Elder Signature/Date: _____

Finance Committee Member Signature/Date: _____

NOTE: If funding is approved, Accounting will do one of the following: (1) process a check in advance for the approved funding amount; (2) Authorize the Ministry Leader to use the church debit card; (3) Reimburse the Ministry Leader if personal funds are used to purchase the items.

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