



Faith Tabernacle Fellowship Church

9800 Evergreen Way

FUNDS REQUEST FORM

“Please submit a fund request to the Budget Coordinator at least one week in advance of the scheduled activity.”

DATE: _____

MINISTRY: _____

MINISTRY LEADER: _____

POC/Phone number for this request: _____

ACTIVITY/ Item(s) to be funded: _____

ACTIVITY/ Item listed in annual budget request: YES: _____ NO: _____

DATE OF THE ACTIVITY/EVENT: _____

Funds needed by: _____

Itemize List of Costs:

Activity/Item(s)	Estimate

Total Amount Request: \$ _____ # Total Amount Approved: \$ _____ #

Date Request Recieved: _____

Gary Walton
Senior Deacon

Terrence Broadus
Buget Coordinator

Aaron N. Gaines
Senior Pastor