Berean Seventh-day Adventist Church

Department Report/Request for Funds

Department Name: _____ Date: _____

Leader: _____ Elder _____

Name of Attendees	

Discussions / Voted Decisions

Request for Funds

Amount $ _____ Budgeted: _____Yes _____ No*

Payee Name: _____

Purpose: _____

_____

___ Mailed to Payee
___ Returned to Requestor
___ Return to Dept Head
___ Other _____

Payee Address
_____
_____
_____

Requested by: _____ _____ Approved by: _____ _____

Note: Payee and Approved by must not be the same purpose

*If amount is not in or above your budget, this request MUST be submitted to the Finance Committee for consideration. Please note approval is not guaranteed