



# FUNDS REQUEST FORM

**NOTE: YOU MUST BE THE CHAIRPERSON/CO-CHAIRPERSON OF THE MINISTRY TO REQUEST FUNDING.**

This form is used when funds are needed for an event or item that is aligned with the vision and growth of Apex First Baptist Church. Funds should be requested ***at least 10 days before*** the date the funds are needed. Invoices and supporting documentation/details should accompany the request. All disbursements require proof of the purchase within two weeks of receiving the funds. **Note: Individuals should not use personal funds to make purchases for the church or a ministry. AFBC will not grant reimbursements for purchases made with personal funds.**

Please write legibly and fill this form out in its entirety, then return it to the Finance Office in person or at [apexfbcfinance@gmail.com](mailto:apexfbcfinance@gmail.com).

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

<b>Ministry:</b>		Date Funds Needed:	
Event Name (if applicable):		Estimated # of people expected:	
Name of Ministry Leader:		Phone:	E-mail:
Amount of Request: \$	Do you want us to: <input type="checkbox"/> Mail Check <input type="checkbox"/> Pick-up Check <input type="checkbox"/> Online Payment <input type="checkbox"/> Other Other _____		
Payable to:		Payee Phone:	
Payee Address:			
Where will items(s) be stored (if tangible)?			
<b>Please explain the purpose for the requested funds: (attach the invoice and supporting documentation; attach a document of explanation – if needed). Note: The purchase of gift cards/certificates with AFBC church funds is prohibited.</b>			
Signature of Ministry Leader:		Date:	
<b>**For Office Use Only** To be completed by Authorized Personnel Only**</b>			
<b>Signature of Treasurer:</b>		<b>Date:</b>	
Comments: _____ _____ _____		<input type="checkbox"/> Approved  <input type="checkbox"/> Denied	YTD Expenses: \$  Annual Budget: \$  Balance after Disbursement: \$
<b>Signature of Budget Ministry (Chairperson):</b>		<b>Date:</b>	
Comments: _____ _____ _____		<input type="checkbox"/> Approved  <input type="checkbox"/> Denied	
Check Number:	Amount Approved: \$	Date Disbursed:	