

# Trust Fund Request Form



Date of Request \_\_\_\_\_

Ministry Requesting Funds \_\_\_\_\_

Date Funds Required \_\_\_\_\_

Total Amount of Request \_\_\_\_\_

**Contact Information:**

Name: \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address: \_\_\_\_\_

To be disbursed from: Restricted fund -or- Unrestricted assets (circle one)

Reason for Request: *(attach additional information as needed)*

*To be completed by Trust Fund*

Request Approved \_\_\_\_\_

Dollar Amount Approved: \_\_\_\_\_

Request Denied \_\_\_\_\_

Date of Approval: \_\_\_\_\_

Notes:

Authorized By:

\_\_\_\_\_

\_\_\_\_\_

Trust Fund Chair

Trust Fund Secretary