

BUDGET REQUEST

Request for the month of: _____

To be submitted to the Stewardship Committee by the last Sunday of the month for consideration for the next month.

ATTENTION: DO NOT make purchases or orders until this form has been reviewed and approved by the Stewardship Committee. It is the responsibility of the person or persons making this request to check with the Stewardship Committee regarding the action taken on this request. **Reimbursements will not be made, for any reason, prior to having this form properly submitted and approved.** Submittal of this request is not a guarantee of reimbursement or approval. Purchases made prior to approval are at your own risk.

Person making request: _____ Date: _____

Organization / Committee making request: _____

Organization / Committee Chairperson: _____

Items Requested	Cost	Check one		Account Number
		Need Check	Please Order	
Total from back				
Total amount of request				

Checks payable to: _____

Date needed: _____

Stewardship Committee action		
Approved _____	Delayed until _____	Resubmit _____
Approved by: _____	Date: _____	Date: _____
Approved by: _____	Date: _____	Date: _____
Approved by: _____	Date: _____	Date: _____
Signature of three stewardship committee members required for processing		

