



Ephesus Seventh-day Adventist Church Treasury Request Form

Ministry Leader: _____

Ministry: _____

Contact Number: _____

Purpose: _____

Date Requested: _____

Date Needed: _____

Amount Requested (\$): _____

Purchase

Reimbursement

Make Check Payable To: _____

Name: _____

Address: _____

Ministry Leader Signature: _____

Please affix all receipts to this form prior
to submitting to Treasury!