



## 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!