

FAITH OUTREACH CHRISTIAN LIFE CENTER, INC.

ANNOUNCEMENT / ACTIVITY / FINANCIAL REQUEST FORM

**ALL REQUESTS FOR ANNOUNCEMENTS/FINANCES MUST BE SUBMITTED
2 WEEKS PRIOR TO THE DATE OF YOUR EVENT FOR CONSIDERATION.**

Date submitted by Auxiliary / Department: _____

Date received by Responsible Personnel: _____

From: _____ **Auxiliary / Department:** _____
(Originator)

Event / Activity / Financial Request (in detail): _____

Date: _____

Time: _____

Duration: _____

Location: _____

Check Amount (if Funds are requested): _____

Check payable to: _____

Check needed by: _____

(Check Amount will be deducted from Auxiliary Budget)

***Staff Approval**

Pastor	Yes	No	Need more Information
Co-Pastor	Yes	No	Need more Information
Financial Secretary	Yes	No	Need more Information
Secretary	Yes	No	Need more Information