

Request for Support from the Food Bank

(If this form is not submitted 2 weeks prior to the event/ occasion it **will not** be approved and **will be** returned to the originator without action)

FROM: _____
(Originator) _____
Date submitted

THRU: _____
(Originator) _____
Date submitted

DATE RECEIVED BY SECRETARY: _____

Date needed back by Originator: _____
(Allow **10-15 BUSINESS** days)

OCCASION/EVENT: _____

DATES FROM: _____

WAS THIS EVENT BUDGETED & APPROVED?: _____

TIME: _____

NUMBER OF PEOPLE TO BE SERVED: _____

AREA TO BE UTILIZED: _____

Please list at least two contact persons and their phone numbers:

1. _____ Phone Number: _____

2. _____ Phone Number: _____

3. _____ Phone Number: _____

APPROVAL:

Church Secretary YES NO NEED MORE INFO

Food Bank Ministry YES NO NEED MORE INFO

Pastor YES NO NEED MORE INFO

SIGNATURE: _____