



DESIGNATED FUNDS CHECK OR TRANSFER REQUEST

Date: _____ Check Requested By: _____

Amount: _____ Date Needed By: _____

If Check, Disposition: Mail Hold for Pickup

Payee Name: _____

Payee Address: _____

Payee City/State/Zip: _____

Transfer to (if applicable): _____

Check Box to Indicate the Account the Funds are Coming From:

MISSIONS AND PROGRAMS:

- | | | |
|--------------------------|----------|---------------------------------------|
| <input type="checkbox"/> | 2-504010 | ASP EXP |
| <input type="checkbox"/> | 2-501010 | BELLS EXP |
| <input type="checkbox"/> | 2-504110 | EMERGENCY ASSISTANCE FUND-EXP |
| <input type="checkbox"/> | 2-503060 | ESL PROGRAM EXP |
| <input type="checkbox"/> | 2-504060 | FAMILY PROMISE/SHELTER MINISTRIES EXP |
| <input type="checkbox"/> | 2-504030 | FOUR CORNERS MISSION EXP |
| <input type="checkbox"/> | 2-504050 | HOMELESS CHRISTMAS BRUNCH EXP |
| <input type="checkbox"/> | 2-504070 | MANNA MADE MANIFEST EXP |
| <input type="checkbox"/> | 2-503020 | MEN'S BIG BEND TRIP EXP |
| <input type="checkbox"/> | 2-503110 | MIND & SPIRIT ENDOWMENT EXP |
| <input type="checkbox"/> | 2-506070 | MISCELLANEOUS FUND EXP |
| <input type="checkbox"/> | 2-504080 | MOBILE LOAVES & FISHES EXP |
| <input type="checkbox"/> | 2-503120 | MUSIC MEMORIALS EXP |
| <input type="checkbox"/> | 2-501030 | ORGAN FUND EXP |
| <input type="checkbox"/> | 2-504120 | RUSSIA MISSION EXP |
| <input type="checkbox"/> | 2-504150 | MERCY & JUSTICE EXP |
| <input type="checkbox"/> | 2-504160 | RECONCILING MINISTRIES NETWORK EXP |
| <input type="checkbox"/> | 2-503160 | SR HI SPECIAL EVENTS EXP |

SUNDAY SCHOOL CLASSES:

- | | | |
|--------------------------|----------|---------------------------|
| <input type="checkbox"/> | 2-502010 | BIBLE STUDY CLASS EXP |
| <input type="checkbox"/> | 2-502040 | CROSS SECTION CLASS EXP |
| <input type="checkbox"/> | 2-502050 | DOWNTOWNERS EXP |
| <input type="checkbox"/> | 2-502120 | EKLEKTIKOS EXP |
| <input type="checkbox"/> | 2-502060 | EPIPHANY CLASS EXP |
| <input type="checkbox"/> | 2-502080 | FRED MATTHYS EXP |
| <input type="checkbox"/> | 2-502090 | FRIENDSHIP CLASS EXP |
| <input type="checkbox"/> | 2-502100 | GENESIS CLASS EXP |
| <input type="checkbox"/> | 2-502110 | HONEYMOONERS CLASS EXP |
| <input type="checkbox"/> | 2-502020 | KONONIA CLASS EXP |
| <input type="checkbox"/> | 2-502140 | MODERN FAMILIES CLASS EXP |
| <input type="checkbox"/> | 2-502130 | OPEN DOOR CLASS EXP |
| <input type="checkbox"/> | 2-502180 | SUSANNA WESLEY CLASS EXP |
| <input type="checkbox"/> | 2-502200 | WEDDING RING CLASS EXP |

OTHER (NOT LISTED) _____

Explanation of the expenditure and any special instructions:

I am requesting payment/transfer for these expenses (please sign below and obtain approval as needed):

Check/Transfer Requested By: (signature)

Check/Transfer Approved By: (signature)

