

Lutheran Church of Our Saviour



Distribution of Funds Request

Date of request: _____

Please issue a check in the amount of: _____

(Please write out the amount on the line above)

Payable to: _____

Mail or deliver to payee as indicated below:

Explanation of distribution: _____

Ministry or Organization Requesting Funds: _____

Budget Item or Fund to be Charged: _____

Authorized Signature: _____
(Ministry Team / Organization Chairperson or President of Council)

Please remember to attach supporting receipts or invoices.
Please place completed form in the Treasure's Box