



OUR SAVIOR'S
LUTHERAN CHURCH

MEMORIAL FUND DISBURSEMENT REQUEST FORM

Section I: (Requesting Information)

Requesting Person: _____ Date _____

Committee: _____ Chairperson _____

Requested Amount: \$ _____ Estimate Attached: Yes ___ No ___

Purpose: _____
.....

Section II: (Council Action)

Council Approval for request from Trust Fund Committee. Yes ___ No ___

Signed by Council Member _____ Date _____
.....

Section III: (Trust Fund Committee)

Trust Fund Committee Approval: Yes ___ No ___ Date _____

Withdrawn from account : _____ Amount \$ _____

TFC Action Via: Meeting ___ Internet ___ Comments: _____
.....

Section IV: (Final Approval of Council)

Council Person Signature: _____ Date _____

Council President Signature: _____ Date: _____
.....

Section V: (Trust Fund Treasurer Action)

Check Payable to: _____ Check # _____

Issue Date _____ Amount Approved \$ _____

Withdrawn from account _____

Comments: _____