



# MINISTRY CARD REQUEST FORM

COMPLETE, DOWNLOAD and EMAIL form to [nicoles@pilgrimmbc.org](mailto:nicoles@pilgrimmbc.org)

DATE OF REQUEST		PROJECTED EXPENSE AMOUNT	
CARD CHECKOUT DATE		<b>NOTE:</b> Cards may be checked out during office hours only. PLEASE ALLOW ONE WEEK BETWEEN REQUEST DATE & CARD CHECK OUT DATE FOR PROCESSING.	
MINISTRY NAME			
MINISTRY REPRESENTATIVE SIGNATURE <i>Person picking up the ministry card</i>			

## PROPOSED VENDORS TO BE USED

NAME/BUSINESS NAME (if applicable)	
ADDRESS	
NAME/BUSINESS NAME (if applicable)	
ADDRESS	
NAME/BUSINESS NAME (if applicable)	
ADDRESS	
NAME/BUSINESS NAME (if applicable)	
ADDRESS	

## PURPOSE OF REQUEST

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## FOR OFFICE USE ONLY

APPROVED BY					
CHECKED OUT BY		DATE CHECKED OUT		RETURN DATE	
ACTUAL CHARGES					

**NOTE:** ANY AMOUNT CHARGED OVER THE PROJECT EXPENSE AMOUNT APPROVED MAY BECOME THE RESPONSIBILITY OF THE REQUESTOR.