Lutheran Church of the Resurrection

Request for use of funds from Memorials

Date: _____

The _____ committee* of LCR requests to withdraw funds in the amount of $_____. The purpose and use of these funds is for:

_____

_____

_____

This request supports one or more of the following strategic priorities:

- ☐ Build our culture and identity around our core values and mission.
- ☐ Every space in our facility is regularly and purposefully used to share God's love.
- ☐ Create a safe and innovative community for young people to experience God's love.
- ☐ Welcome adults into authentic relationships with Jesus and each other.
- ☐ Every person is engaged in a community service or mission project every year.

To be reimbursed for the use of these funds, receipts must be turned in to the LCR Office Admin, Cheryl Cieczka.

Requestor's signature: _____

Committee Chair signature: _____

Request Approved / Denied (circle one) by the Finance Committee

Finance Chair signature: _____

Reason for denial: _____

_____

* Committee must be an official committee of the LCR church council.

(Send form to Finance Committee Chair: Dawn Jacobson dmj7140@gmail.com)