NEW HOPE FAMILY LIFE MINISTRIES

REQUEST FOR FUNDS/PURCHASING FORM

Approval of funds through the FLM Board of Directors

Approved Reimbursement **(Receipts must be submitted NLT 15 days after the purchase is made)**

☐ **Request for Funds**

☐ **Purchase items**

This Form must be submitted to the FLM Board of Directors NLT 12 Noon on the 2nd Monday of each month

REQUEST DATE	PROGRAM NAME
	Select dropdown arrow

ITEM #	VENDOR	DESCRIPTION	QTY	UNIT COST	COST
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
				TOTAL COST	0

Please be specific as possible when listing what you need. Ensure to provide brand name and size of what you are requesting

Make Check Payable To

Program POC Name:

Program POC Number:

FOR BOARD USE ONLY:

☐ **APPROVED** ☐ **DISAPPROVE** **DATE**

Board Signatures: