

Advent Lutheran Church
Nurture & Support Check Request

LOG # _____

Date:

Make check payable to:

Address:

Check Amount:

Dated Needed:

Description of what we are paying for:

Please indicate Budget line to charge (required)

Care/Lay Ministry Training/Support	_____
College Nurture Ministry	_____
Connect Ministry	_____
Fun & Fellowship	_____
Funeral Reception	_____
Kitchen Supplies/Use/Care	_____
MAP	_____
Reception/Meals	_____
Stewardship Campaign	_____
Stewardship Materials	_____

Please indicate Special Fund line to charge (required)

Kitchen	_____
Lay Renewal	_____
Maintenance Reserve	_____
Quilter's Group	_____
Woman in Christ	_____
Other:	_____

Lay Pastors	_____
Care Ministry	_____
Coffee Fund	_____
College Packets	_____
Cross Stitch Framing	_____
Fellowship Events	_____

Signatures:

Requesting Party (required):

Authorizing Party (Board Chair, Council liaison, etc) (required):

If over \$5,000.00, Executive Council approval is also needed:

Please attach invoices(s) or other supporting documentation.

Copies to: Board/Committee Chair