

REQUEST FOR FUNDS

PURPOSE:				
PAYABLE TO:				
AMOUINT:				
RECEIPT ATTACHED:	YES	NO	ACCOUINTING CODE:	
TEAM ALLOCATION:				
DATE REQUESTED:				
RECEIVED BY:				
AUTHORIZATION: Sign				_
Print				Affirm/S'affirmer
Email			Phone	
HURON SHORES United Church		REQUEST FOR FU	NDS	
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