

Hillcrest United Methodist Church  
Miles of Pennies  
Disbursement Request - Group

Name of Group: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

The HUMC Miles of Pennies funds are to be used to: 1) Fund Hillcrest members to go and do direct missions Ministry. 2) Directly fund Hillcrest Missions. 3) Fund mission training.

How does your disbursement request meet one of the above purposes? Be specific. Include printed documentation supporting your request. (Include original receipts for gas and other reimbursable expenses.) Provide name, address, phone number, contact person, and website information, where applicable.

If you are seeking funds for training, what is your Action Plan to bring the information back to the members of HUMC? You may attach separately.

How much is the group requesting? \_\_\_\_\_

How much funding do you expect to receive from any other HUMC source? \_\_\_\_\_

What is (are) the sources? \_\_\_\_\_

The group understands that if funding is approved, acceptable documentation of all expenses must be submitted. Hillcrest reserves the right to publish or otherwise announce support of this mission opportunity and funding.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

When completed, put this form along with all attachments in Richard Spry's mail box in the church office.

Disposition: Approved by: _____ Date: _____ Amount: _____
Not Approved by: _____ Date: _____ Reason: _____