

Hillcrest United Methodist Church
Miles of Pennies
Disbursement Request - Individual

Name: _____

Address: _____

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. Provide name, address, phone number, contact person, and website information, as possible. Describe the work that will be done or nature of the training. You may attach separately.

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 estimated total cost of the mission opportunity? _____

How much are you requesting? _____

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

What is (are) the sources? _____

How much do you anticipate paying personally? _____

I understand that if funding is approved, I will be required to present acceptable documentation of expenses and participation in the approved mission opportunity. Hillcrest reserves the right to publish or otherwise announce support of this mission opportunity and my participation. If I do not participate in the mission opportunity, I agree to repay Hillcrest United Methodist Church for any monies distributed on my behalf.

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: _____