



Memorial Committee, Dexter United Methodist Church
7643 Huron River Dr., Dexter, MI 48130

FUNDING REQUISITION

Submitted for consideration by the Memorial Committee

(Please mail this form to: Louis Ceriani, PO Box 53, Dexter, MI 48130)

Date of Request: _____ Date Request Was Received: _____

Funds Requested by: _____ Phone #: _____
Committee or Person's Name

Cell or Committee Chairperson: _____

The Memorial Committee's response will be directed to the committee/person making the request,
unless otherwise noted here: _____
Name - if different than person listed above

| Description of item requested: | Price per item: | Total Amount: |
|--------------------------------|-----------------|---------------|
| 1) | | |
| 2) | | |
| 3) | | |

Explain why these items are needed by our Church:

{Please do not write in the space below, it is reserved for committee's response.}

Request #1 Approved Amount: _____ To be purchased by: _____

Request #2 Approved Amount: _____ To be purchased by: _____

Request #3 Approved Amount: _____ To be purchased by: _____

Signed: _____ Date: _____