



# THE CHOSEN VESSEL CATHEDRAL

DATE RECEIVED: \_\_\_\_\_  
Bishop Richard E. Young, Pastor  
4650 Campus Drive, Fort Worth TX 76119  
Church Office: (817) 413-9849  
Church Fax: (817) 413-9489

## Ministry Fund Request Form

Requestor's Name (print): _____	Phone No. _____
Signature: _____	

Please indicate:  Check Request (invoice attached)     Reimbursement Request (receipts attached)

Attach: invoice, order form or contract \* Incomplete request will delay processing

**NOTE:**  
**REIMBURSEMENTS MUST INCLUDE ORIGINAL RECEIPTS**  
**FUND REQUESTS WILL BE PROCESSED WITHIN 15 DAYS WITH RECEIPTS**

Purpose or activity: \_\_\_\_\_

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Date Required \_\_\_\_\_

Ministry Budget Name \_\_\_\_\_ Approved Budget \$ \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Ministry Pastor Approval \_\_\_\_\_

OFFICE USE ONLY	YTD Budget
	Available Funds \$ _____
	Approval by: _____ Date _____
	Comments: _____