South Carolina Lutheran Men in Mission
Executive Board Funding Request Form

Name of Board Member:_____

Name of Requesting Organization/Person(s):_____

Date:_____ Amount of Funds Requested:_____

Purpose of Funding ***(if there is not sufficient room to complete this portion, on a separate sheet of paper complete your description and staple it to this form***):_____

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The lower portion of this form is to be completed by the SCLMM Finance Committee

Notes:_____

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Recommendation to be Approved/Rejected:_____

Source(s) of Funding:_____

_____

Signature of Finance Committee Chair:_____

Date:_____

Submit to SCLMM Executive Board

Approved/Rejected:_____

Signature of SCLMM President:_____

Date:_____