



CHURCH EVENT REQUEST FORM

In order to secure your scheduled event on the approved United Believers master calendar, this form must be completed. The following steps should be followed to ensure proper coordination and maximum success of the proposed event.

- 1) Discuss with and receive approval from Ministry Leader for this event.
- 2) If your proposed event is not already listed on the master calendar, contact Carol Heaggans at clh264@sbcglobal.net (Office Administrator) at (816) 361-9996 or (816) 523-6582 to confirm availability of date.
- 3) Please complete this form and return to Doris Mack 30 days prior to event to insure all necessary modes or coordination have been achieved.
- 4) Your request is not approved until you receive an approved copy of this form. Pastor will receive a copy of your request form.
- 5) Please do not advertise your event until you have received confirmation. Please allow 30 days for your request to be processed.
- 6) Final approval of all speakers is at the discretion of Pastor Edwards.

Date on calendar preferred: _____ **Optional date(s):** _____

Contact Information: Ministry Requesting Event: _____

Contact Name: _____ Phone # with Area Code: _____ Email: _____

Speakers: Name of Main Facilitator for above event: _____

Contact Phone #: _____ Local Out of State

Event Time: Start Time: _____ End Time: _____ Event Name: _____

Set-Up Needs: Set-up needed: Yes No Quantity Needed: _____ Tables _____ Chairs

Person(s) responsible for Set-up: _____

Person(s) responsible for Clean-up: _____

Food Service: Plates Napkins Plasticware Cups Table Covering Decorations & Centerpiece

Equipment Needed: (Please notify Steve Edgerson for assistance) Audio: Podium Microphone Microphones
 Sound Person Video Projector Keyboard DVD/CD Player Projector Screen Other _____

Worship Coordinator: (You must contact Robert McNichols/Worship Coordinator for the following)

Music: Vocalist/Instrumentalist Solo Praise & Worship Team Choir Musicians

Childcare: Childcare needed: Yes No How many children: _____ under age of 3 _____ 3-5 _____ 6-8 _____ 9-11

Worker(s) assigned: _____

Contact Person: _____ Phone # with area code: () _____

Printing: Did you budget for printing?: Yes No **Publicity Needed:** Yes No

To be publicized in: Worship Guide Sunday Screen Announcement Web Site United Believers E-Newsletter
 Verbal Announcement Online Registration Bulletin Board

Greeters Needed: Yes No **Ushers Needed:** Yes No

Photographer: For assistance, please contact Susan Bradford at ssamm1b@gmail.com or at (816) 728-3136

Videography: For assistance, please contact Cynthia Newsome at newsome@nbcactionnews.com

Building Personnel: Did you notify building personnel 72 hours in advance of event?: Yes No

Security: Security Needed? Yes No Did you notify Christians on Patrol 72 hrs. in advance of event?: Yes No

Armor-Bearers: Have you assigned armor-bearers for pick-up at airport/hotel location?: Yes No

Finance Ministry: Was requisition form submitted to Financial Administrator for above event?: Yes No (If no, please do so A.S.A.P.)

Signature of Ministry Leader: _____ **Date:** _____

Signature of Event Coordinator: _____ **Date:** _____

Signature of Pastor: _____ **Date:** _____

If you need assistance in filling out this form or have additional questions please contact Doris Mack at dmack2@saint-lukes.org or DorisMack6715@aol.com

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 Kansas City, MO 64131
 816.361.9996 Phone • 816.361.3777 Fax

EXPENSE AUTHORIZATION FORM

Instructions:

1. Complete form in its entirety including ministry leader's authorizing signature.
2. Attach receipt/invoice(s) as supporting documentation - include explanatory memo explaining any discrepancies between request amount and support documentation amount. Also include any important correspondence that should be kept on file such as contract for service or letter of agreement.
3. Make copy of form and all supporting documents for your records before submitting. Keep until paid.
4. Submit form with attachment(s) to Phyllis Brown.
5. Allow at least 30 days for processing. Email Phyllis Brown at phyllis.brown@sbcglobal.net or at (816) 861-6501 or (816) 536-1422 if you need to follow up.

Date:	Ministry/Activity Name:
Description of Activity Generating Expense Request (include activity date):	
Name and Phone # of Person Completing Form:	Ministry Leader Signature:
Person or Vendor to Receive Payment:	Total Amount Requested:
Payee Address & Phone #:	
Check Memo Line Entry:	

Use the table below to detail the total amount requested by Ministry

Ministry To Charge:	Amount::
Total Amount Requested:	

Total Amount Approved: \$ _____

Approval Status (Finance Administrator):

Approved Denied Signature: _____ Date: ____/____/____

Reason for Denial: _____

Check Signer Use Only:

Approved Denied Signature: _____ Date: ____/____/____

Reason for Denial: _____