



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:** _____

United Believers Community Church
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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:	

Approval Status (Finance Administrator):

Total Amount Approved: \$ _____

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

Reason for Denial: _____

Check Signer Use Only:

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

Reason for Denial: _____