

TRINITY ROSELLE FOUNDATION
PROJECT REQUEST FORM

Requested by: _____ Date: _____

Approved by: _____ (Department Head)

_____ (Administration)

ITEM/PROJECT IDENTIFICATION: _____

(Please attach supporting paperwork to this request.)

Specific Item Name: _____

Specific Manufacturer: _____

APPROXIMATE COST: _____ Designated Funds? _____

Additional Support Costs (Please Specify) _____

HOW WILL ITEM/PROJECT BENEFIT GOD'S WORK WITHIN TRINITY CHURCH
AND/OR ITS MINISTRIES:

DO NOT WRITE BELOW THIS LINE

Date Received by Committee _____

Recommended? _____ Date _____

Not Recommended _____ Reason: _____
