

St. Paul United Methodist Church
Request for Special Events or Fundraiser

2009

Date for projected event: _____

Type of Event: _____

Ministry Area and Account to be affected:

Restricted acct.: _____

Budget acct: _____

Cost per person: \$ _____

Fee being charged per person: \$ _____

Fund Raising Events: Request to be presented to Finance for approval

Description of Activity _____

Estimate of anticipated total cost: _____

Estimate of anticipated total income: _____

****Note that expenses may exceed income for that activity if it enhances the contribution of St. Paul UMC to the overall community.**

Staff person recommendation _____

Date request made _____

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Finance Committee

____ **Approval**

____ **Disapproval with rationale**