

REQUEST  
FOR  
FUNDS



NORTH AMERICAN MISSIONS UPCI  
**MISSISSIPPI**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

FUNDING FOR:

BUILDING/GROUNDS: \$ \_\_\_\_\_ UTILITIES: \$ \_\_\_\_\_ ADVERTISING: \$ \_\_\_\_\_

RENT: \$ \_\_\_\_\_ REVIVAL: \$ \_\_\_\_\_ OTHER: \$ \_\_\_\_\_ TOTAL: \$ \_\_\_\_\_

Explain purpose of funds: \_\_\_\_\_  
\_\_\_\_\_

Total Amount Requested: \$ \_\_\_\_\_

Date Funds Needed: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)

UPCI Affiliated: YES: ( ) NO: ( )

N.A.M. Monthly Reports Current: YES: ( ) NO: ( )

Compliant with MS District Financial Plan: YES: ( ) NO: ( )

Amount Approved: \$ \_\_\_\_\_

Approval Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of MS N.A.M. Director)