

Request for Equipment and Promotion Funds

Ministry Department: _____

Date: _____

Item Requested: _____

Cost Itemization: _____

	Description	Item Number	Unit Cost	Quantity	Total Cost
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
	Total Funds Requested				\$

Purpose for request (the way in which this item or service will benefit the ministry for which you are responsible):

Requesting Person: _____ Date: _____

Finance Director Approval: _____ Date: _____

Note: Upon approval, please attach this form to the RRNC Expense Claim Form and submit it for reimbursement to the Finance Secretary.