**Kingdom Embassy**

2111 N. Fourth Street, Harrisburg, PA 17110 ~ Phone 717-236-8600 ~ Fax 717-236-8658

Email: ambassador@kingdomembassy.net ~ Website: [www.kingdomembassy.net](http://www.kingdomembassy.net)

**Elder Jeffrey Snead, Sr., Senior Pastor**

Requisition Form

***For Office Use Only***

❑Jeffrey Snead Sr.

❑Administrative Ministry

❑Buildings & Grounds

❑Administrative Assistant

❑Sound & Media Ministry

❑HHCDC

❑Cluster Pastor

❑Requester

❑Transportation

***For Administrative Use Only***

Date Received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved\_\_\_\_\_\_\_ Denied\_\_\_\_\_\_

Pastor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑Check (*check number)\_\_\_\_\_\_\_\_\_\_\_\_*  ❑ Business Check Card

Administrator‘s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Completed **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *(copy sent to requester)*

***Date of Request\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Needed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Your Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cluster Pastor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Check One:*** ❑Outreach ❑Christian Education ❑ Empowerment ❑Operations ❑ Worship ❑ Care

***Contact Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ministry Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Purpose of Request (*please submit at least three (3) weeks prior to date needed*)**

❑Announcement (*attach or use reverse side*) ❑ Calendar Date ❑ Flyer/Postcard/Sign-up Sheet ❑ Ministry Information Card

❑ Room Reservation (no. of persons)\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Arrival Time \_\_\_\_\_\_\_\_\_\_****am/pm* ***Departure Time\_\_\_\_\_\_\_\_\_*** *am/pm*

**Room(s) Desired**: ❑ Sanctuary ❑Fellowship Hall ❑Kitchen ❑ Lower Level Fellowship Hall ❑ Welcome Center

❑ Nursery ❑ HHCDC Multi-purpose Room ❑ 3rd Floor Class Room ❑ Prayer Room ❑ Conference Room (Stage)

❑ **Transportation**  Ministry Approved Driver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Destination\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ **Funds** **Amount: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Make Payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Complete Address: Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_**

Purpose of Funds: ❑ Honorarium ❑Reimbursement ❑Repairs ❑ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Equipment Request**

❑Sound System ❑Microphones **(*How many*)**: \_\_\_\_\_\_\_\_\_\_\_\_ ❑Videotaping ❑ CD Recording ❑ Organ/Keyboard/Drums

❑ Tables / Chairs ❑ TV / VCR ❑CD player ❑ DVD player ❑ Overhead Projector ❑ Screen ❑ LCD Projector/Screen

**\* PLEASE NOTE**

1. **All rooms must be left clean and in order and equipment returned in working condition.**
2. **When using the Church Van, must refill van with gas before returning to church.**

**Special Notes:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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