

SUSTENTATION FUND REQUEST

Attention Conference Treasurer: The Appointment Cabinet has approved the following request for support from the Sustentation Funds.

1. Name of Pastor Receiving Support: _____
2. Name of Church or Charge: _____
3. Name of District: _____
4. Amount of Support Requested: \$ _____ /month \$ _____ /year
5. Beginning date: _____ Ending date: _____
6. District Superintendent making request: _____
7. Make check payable to _____
8. Check to be sent to **Church Treasurer**
Name _____
Address _____
City _____ State _____ Zip _____
9. Cabinet Representative's Signature: _____
10. Date: _____