

# Midland FUMC Request Form for Support from Mission Committee

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**DATE SUBMITTED:** \_\_\_\_\_

**REQUESTER'S INFORMATION:**

NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**TRIP INFORMATION:**

TYPE OF MISSION TRIP: VIM \_\_\_\_\_ YOUTH \_\_\_\_\_ NOMADS \_\_\_\_\_ CRU \_\_\_\_\_ OTHER \_\_\_\_\_

If OTHER, please specify: \_\_\_\_\_

TRIP LEADER: \_\_\_\_\_ TRIP DATES: \_\_\_\_\_

ORGANIZATIONS NAME, ADDRESS AND PHONE NUMBER:  
\_\_\_\_\_  
\_\_\_\_\_

ACCOUNT NUMBER FOR FUNDS (IF NEEDED) \_\_\_\_\_

**ESTIMATED COST FOR :**

TRAVEL: \$ \_\_\_\_\_ ROOM & BOARD: \$ \_\_\_\_\_ MATERIALS: \$ \_\_\_\_\_ SUPPORT\*: \$ \_\_\_\_\_

**SPECIFIC REQUEST FOR SUPPORT\*** (amount and to which expense it will be applied)  
\_\_\_\_\_  
\_\_\_\_\_

**\*Note:** Some money for materials or support depends on our budget. Travel comes from Shirley Jackson Account

**DESCRIPTION OF TRIP:**

Please provide a brief description of the mission trip (i.e. Location, sponsor, purpose, history, etc.) and your interest. Feel free to attach additional information.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FUMC PASTOR REVIEW & SIGNATURE:**

REVIEWED BY: \_\_\_\_\_ APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_

\* \* \* \* \*

Date received by Mission Board: \_\_\_\_\_

Date reviewed by Mission Board: \_\_\_\_\_

Decision by Mission Board: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_