VOTM PLANNING FORM

Please complete this form and submit it to your Department Head **sixty (60) days** prior to the day of any event. Please wait until you receive approval before finalizing your plans and before submitting the **Request for Funds** form.

____Approved ____Not Approved ____More Info Needed ____Date Received	**COMMENTS / SUGGESTIONS** _____ **RECEIPTS are needed within 5 days after all events.**

Name of Ministry_____ Today's Date_____

Name of Event_____

Date of Event_____ Start Time_____ End Time_____

Alternate Date_____ Alternate Time_____

Place of Event_____ Alternate Place _____

Cost of Event_____

Approximate number of participants_____

Will participants assume part of the cost? If so, how much? _____

What other ministries will participate in this event? _____
_____

Was this event included in your ministry's Strategic Plan? _____Yes _____No

Please write on the back of this form the purpose of the event and program outline. All worship leaders, program participants and/or presenters of activities must be listed and approved. Please DO NOT contact pastors, ministers, and/or speakers, inside or outside of the church.

Signatures of TRIO Ministers

TRIO_____Phone _____Email_____
TRIO_____Phone _____Email_____
TRIO_____Phone _____Email_____

Coordinator_____
Signature Date