



SERVICE REQUEST

Please fill out (PRINT) ALL necessary information and return to the Pastoral Ministries Office. Allow at least three months for processing outside NAD. Complete this form in its entirety and keep a copy for your files.

Today's Date: Click here to enter text.

Name, Address & Email of Person Being Requested: Click here to enter text.

Being Requested: Click here to enter text.

Institution(s) Person Being Requested is affiliated: Fill out all levels

- Conference Click here to enter text.
• Union Click here to enter text.
• Division Click here to enter text.

Requesting Organization (Church): Fill out all levels

- Conference Click here to enter text.
• Union Click here to enter text.
• Division Click here to enter text.
• Church/College Click here to enter text.

Date(s) Requested (event dates): Click here to enter text.

Purpose: Click here to enter text.

Expenses Covered By: Click here to enter text.

Requesting Pastor's/employee Name: Click here to enter text.

Requesting Pastor's Phone #/email address: Click here to enter text.

Requesting Pastor's/employee Signature: Click here to enter text.

FOR OFFICE USE ONLY:

\_\_\_ Approved \_\_\_ Denied

Allan Machado, Executive Secretary

Date

Please advise us of the approval/denial of this request by faxing it to 407-618-0277 or email to: gizelle.best@floridaconference.com

Revised 4-14-17