

# Aldersgate Capital Improvement Project Request Form

(Send completed form to Trustees Chair or Church Office Manager)

Project Name: \_\_\_\_\_

Requestor Name: \_\_\_\_\_ Email: \_\_\_\_\_

Committee (opt): \_\_\_\_\_ Phone: \_\_\_\_\_

Request Date: \_\_\_\_\_ Cost Estimate: \_\_\_\_\_ Project # (assigned later): \_\_\_\_\_

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Project Full Description (list details): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why is this project Important for the church? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Vendor Information (list up to 3) – Attach Official Vendor Estimate(s) / Quote(s):

Vendor Company Name	Vendor Contact Name	Contact Phone	Estimate Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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--- Office Use Area ---

Date \$ Committed: \_\_\_\_\_ \$ Amount Committed: \_\_\_\_\_

Vendor Company Used: \_\_\_\_\_

Date Project Completed: \_\_\_\_\_ Amount Paid Out: \_\_\_\_\_