 **Needs List**

LAMB OF GOD LUTHERAN CHURCH

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | | | Phone Number or Email | | Dated Needed |
| Expense to be charged to (please specify committee, group, etc.) | | | | | |
| QUANTITY | ITEM | DESCRIPTION | | OTHER INFORMATION | |
|  |  |  | |  | |
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Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature)