 **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)