



# SEVENTH-DAY ADVENTIST CHURCH

Operated by Seventh-Day Adventist Corporation (M) Bhd 248857-D

## HEALTH MINISTRIES - HEALTH SCREENING SUBSIDY REQUEST FORM

Church Name & Project Title

Health Ministries Leader/Person In Charge

Project Date

From  To

Time Range

From  To

Target Group (Whom To Reach To)

Venue (Location / Landmark & Full Address)

Number of Church Members Involved

Church Board Approval & Reference (w/ Date)

Copy of Signed Church Board Minutes

### Subsidy Requested For:

Items Related to Health Screening (with Description)	Estimated Amount (RM)	Remarks
		<p>Completed form is to be submitted <b>one month prior</b> to actual event date.</p> <p>Should there be any changes after submission, details are to be made known to PEM Health Ministries Department.</p> <p>Each congregation can apply for up to a <b>max. of two (2)</b> HS subsidies per calendar year, <b>each occasion for a max. of RM350</b> - subject to fund availability.</p>
<b>Total Budgeted Amount (RM)</b>		
<b>Total Subsidy (RM)</b>		

### Confirmation

The above enclosed information is true and accurate to the best of my/our knowledge.

I/We understand that the subsidy may not be released if required documentation(s) is not complete.

The completed form and required documentation(s) are to be sent via email to <health@adventist.org.my>.

Name:

Date:

SIGNATURE

### For Office Use Only

TREASURER'S APPROVAL

HSSRF Received:

Fund to be released on

Cheque Number:

Cheque Issued Date:

#### REQUIRED REPORTS:

- Approved Health Screening Subsidy Request Form
- Copy of Signed Church Board Minutes
- Event Report Inclusive of Pictures
- Expense Report Inclusive of (Copied) Receipts

Report Due Date:

Report Received: