

OB3C



FUNDING REQUEST

Date of Submittal: _____

Contact Person: _____

Church or Organization: _____

Description of mercy need: _____

Make Check Payable to: _____

Send Check to address: _____

OB3C Office Use Only	
Approval Amount:	_____
Name of Approving OB3C Officer:	_____
Signature of Approving Officer:	_____
Forward to OB3C Treasurer for Distribution of Funds	
Check Number:	_____
Date of Distribution:	_____