

REQUEST FOR OBLATION AID REIMBURSEMENT

(OB-100 reports or equivalent to be filed with mission centre/field bookkeeping)

Name of Congregation/Mission Center/Field to be Reimbursed: _____
 Financial Officer Name: _____
 E-mail: _____

	Name of Mission Centre(s) Receiving Oblation	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
	Account Code: 10-87615-7604	Total

Prepared by: _____ Approved by: _____ Date: _____

Jurisdiction Role

- Complete an OB-100 report for each time aid is given.
- Complete one "Request for Oblation Aid Reimbursement" form that equals the total of all aid reports.
- Itemize oblation aid given by mission center name and amount.
- Send this form as soon as it is completed to Oblation Ministry:
 Email *Oblation@CofChrist.org*
 Fax (816) 521-3094
 Mail 1001 W. Walnut St., Independence, MO 64050-3562 USA
- This expense cannot be netted against amount due to World Church.

Fiscal Services Role

- Upon receipt of a properly completed Form OB-102, Fiscal Services will process a reimbursement according to the jurisdiction's payment designation, either by check or electronic funds transfer (EFT).
- Checks are prepared on Thursdays with a submission deadline of Wednesday at noon CST.
- EFT's are processed Wednesday and Friday with a submission deadline of noon CST the day prior.