

Name of Congregation/Mission Center/Field to be Reimbursed: _____

Financial Officer Name: _____

Street Address: _____

City, State/Province: _____

Zip/Postal Code: _____

Country: _____

Daytime Phone Number: _____

E-mail: _____

	Name of Person(s) Receiving Oblation	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
Account Code: 10-87615-7596		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 each oblation aid given by name and amount.
- Send this form with all OB-100 reports attached as soon as 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 other amounts due to World Church.

Fiscal Services Role

- Upon receipt of a properly completed Form OB-102 and accompanying Form OB-100, Fiscal Services will process a reimbursement according to the jurisdiction's payment designation, either by electronic funds transfer (EFT) or check.
- 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.