



Name \_\_\_\_\_

Phone \_\_\_\_\_

Signature of

Requestor \_\_\_\_\_

\_\_\_\_\_

**Turn application into church office – Attn: Christian Action Committee**



*Office Use Only*

Request Granted \_\_\_\_\_

Amount Given \_\_\_\_\_

Request Declined \_\_\_\_\_

Fund Released From \_\_\_\_\_

Need More Info \_\_\_\_\_

Date to be Paid \_\_\_\_\_

Initials of Committee Chair or Admin Pastor \_\_\_\_\_ Date \_\_\_\_\_

Initials of Bookkeeper when check written \_\_\_\_\_ Date \_\_\_\_\_

*One copy of approved form and check to CA committee, one copy for church files.*