

Mission Trip Financial Support Request



Please complete and submit to the Global Outreach Team for their consideration.

Name: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Mission Trip Destination: _____

Sponsoring Organization: _____

Date of Trip: _____ Total Cost of Trip (per person): _____

Who will be responsible for your travel arrangements? _____

How will you travel to your destination? _____

What will be your ministry focus while you are there? _____

If approved, please provide the contact information for the organization that should receive payment:

Organization Name: _____ Phone: _____

Address: _____

Committee Use Only

Date Received by Committee Member: _____

Approved for 30%: _____ Yes _____ No Date Approved: _____

If no, state reason for denial: _____

Copies of completed and approved forms should be sent to the accounting office for payment.