

Kerala Christian Assembly

Request for Mission Support

Request Made by: _____	Amount Requested
Name of the organization: _____	CAD\$
Contact person Name: _____	
Telephone No. _____	
Address _____	

Purpose of the Organization

Purpose of requested financial support

Are you related to this organization, if yes, explain your relationship

Financially I am in good standing with KCA	Treasurer's Signature
_____	_____

Signature	Date	_____	Date
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<u>Mission Committee Review</u>	<u>Board of Directors Review</u>			<u>Disbursement Details</u>	
<u>Comments</u>	<u>Name of Directors</u>	<u>Approved</u>	<u>Rejected</u>	<u>Amount</u>	<u>Date</u>
Recommended amount: CAD\$:	Amount Approved	CAD\$:			
Date:	Date				