

Community of Christ

REQUEST FOR OBLATION AID REIMBURSEMENT (OB100 Reports must be attached)

Name of Jurisdiction to be Reimbursed: _____

FO Name: _____

Street Address: _____

City/State: _____

Zip Code: _____

Daytime Phone Number: (____) _____

	Name of Person(s) Receiving Oblation – (30 Characters)	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
Total to be coded to account # 42-35860-7596		

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.
- A reimbursement check will be mailed to you.
- Send this form with all OB-100 reports attached as soon as it is completed to:
Fiscal Services: By fax (816-521-3094); or by mail (1001 W. Walnut, Independence, MO 64050-3562 USA)
- This expense cannot be netted against amount due to World Church.

Fiscal Services Role

- A check request will be prepared and submitted to Accounts Payable Desk.
Checks are only processed on Thursday each week.
- The reimbursement check should be mailed out the following Friday or Monday.