PORT HURON DISTRICT
BOARD OF MISSIONS & CHURCH EXTENSION

**GRANT and LOAN**
**PAYMENT REQUEST**

Date: _____, 20_____

PAYABLE TO: _____
(Name or church or organization)

Mailing address: _____
(Street or PO Box)

_____
(City, State, Zip Code)

Amount Requested: $_____ Date Requested: _____

Purpose of Request: _____

_____

Signature of
Authorized Organization Representative:

Dated: _____. 20_____ _____

_____
(Print name and title)

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**THIS AREA FOR OFFICE USE ONLY**

Approved: _____, 20____ Amount: $_____

Funding Source: _____

Signature of Authorized DBOM Representative:

_____

PAYMENT(S) MADE:

| Date | Bank Account | Check No. | Amount | Line Item Posted |
|---|---|---|---|---|
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