

**KIRBY WOODS BAPTIST CHURCH**

6325 Poplar Avenue

Memphis, TN 38119

(901) 682-2220

FAX: (901) 682-1747

**REQUEST FOR FINANCIAL SUPPORT FOR A NON-KWBC  
SPONSORED MISSION TRIP**

(To be Submitted to the Missions Office)

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phones: \_\_\_\_\_

FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

Support should be payable to: \_\_\_\_\_

Address where support should be sent: \_\_\_\_\_

Memo or special designation: \_\_\_\_\_

**DESCRIPTION OF THE MISSION TRIP**

Dates of Proposed Mission Trip: \_\_\_\_\_

Description of the Proposed Mission Trip: \_\_\_\_\_

\_\_\_\_\_

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**FUNDS WHICH ARE REQUESTED**

**Total Anticipated Cost of Proposed Mission Trip:**

<u>Items</u>	<u>Amount</u>
General Expenses	_____
Travel Expenses to and from the Mission Field	_____
Travel Expenses on the Mission Field	_____
Housing Accommodations on the Mission Field	_____
Food Expenses on the Mission Field	_____
Other Essential Trip Expenses	_____
<b>Total Anticipated Cost</b>	_____
<b>Total Request from KWBC</b>	_____
Date Funds are needed from Kirby Woods Mission Funds	_____

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

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**Missions Committee Use Only**

Original Request Received by: \_\_\_\_\_ Date: \_\_\_\_\_

- \_\_\_\_\_ "Personal Testimony of Person Requesting Mission Funds" (Form MC-1(a))
- \_\_\_\_\_ "Request for Financial Support for a Non-KWBC Mission Trip" (Form MC-4(b))
- \_\_\_\_\_ Xerox Copy of Passport

Committee Action: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Chairman: \_\_\_\_\_ Minister of Missions: \_\_\_\_\_

Check Disbursed:

Date: \_\_\_\_\_ Check #: \_\_\_\_\_ Account #: \_\_\_\_\_ Amount: \_\_\_\_\_