



Making a Difference Mobile Grant Reimbursement Form

Date of this request _____ Amount of Reimbursement Request \$ _____

Grant amount approved in October 2023 \$ _____

Name of Church _____

Address _____ City _____ Zip Code _____

Contact Person _____ Phone (____) _____ E-mail _____

List and add up the total amount of attached receipts:

****Mail or email a scan of the form and receipts**

Signature of ALSBOM approval _____

The reimbursement check will come from ALSBOM to the church at the address above within two weeks of approval.

Signature of Associational Missionary _____

Send this Request & Receipts to **Dr. Thomas Wright** • dom@mobilebaptist.org • Tel 251.661.7111 •
Fax 251.661.6334 • Mobile Baptist Association, 616 Azalea Road, Mobile, AL 36609-1530

