

Maple Springs Baptist Church
4131 Belt Road
Capitol Heights, MD 20743

FINANCIAL ASSISTANCE
Request for Disbursement of Funds

C.A.R.E. MINISTRY requests \$ _____ be distributed to

_____.

PURPOSE OF FUNDS:

SUBMITTED BY: _____

DATE: _____ / _____ / _____
(Month) (Date) (Year)

FOR FINANCE OFFICE USE ONLY:

CHECK NUMBER: _____

AMOUNT: _____

MADE PAYABLE TO: _____

DISBURSED BY: _____

DATE: _____

RECEIVED BY: _____

DATE: _____