



EXPENSE ANALYSIS FORM

Assemblies of God World Missions
1-3 Months

*This form is due in the AGWM office immediately after the completion of your assignment and **no later than December 10** to be received in the current year.*

Name _____ S.S. No. _____

College _____ College team member Intern

Address _____

City/State/ZIP _____ E-Mail _____

Home Phone (_____) _____ College Phone (_____) _____

Place of Assignment _____

Dates of Assignment _____

Missionary/Pastor/Director Assigned To _____

➤ **Contributions Received** (white copy of temporary receipt required) \$ _____
*Return all unused temporary receipts.

➤ **Expenses** (*receipts must be attached for all expenses*)

Travel (bus/plane/train/car) \$ _____

Hotels and meals (en route to and from assignment) _____

Passport, visa, vaccinations _____

Car rental, airport parking, taxi, etc. _____

Cost of meals while on assignment (daily log of meal costs required) _____

Cost of room while on assignment _____

Other expenses: postage, telephone, telegrams, etc.
(must indicate specific relationship to assignment) _____

Funds/equipment given to missionary not listed above
(receipt from missionary required) _____

Total Expenses for Assignment \$ _____

➤ Do expenses exceed contributions? How much?
(Check with your tax preparer to determine if this is deductible on your personal taxes.) \$ _____

➤ Do contributions exceed expenses? If so, attach a personal
check for the excess, payable to AGWM. \$ _____