

AGWM MAPS Team

ASSEMBLIES OF GOD WORLD MISSIONS TEAM EXPENSE REPORT

Total Requested: _____ ALT/SEP EFI AB GRA (Admin. US Relations) FILE OFFICIAL USE ONLY

The Team Expense report should be completed as soon as the team returns from their trip. **Please return this form to our office within 30 days of returning from your trip.** If your trip is taken at the end of the year the form must be in our office by **December 15** in order to receive credit for that year. The form should be as complete and accurate as possible in order for appropriate credit to be given. If more than one church is involved, complete a separate form for each church. This form may be duplicated.

INFORMATION ABOUT TEAM

TEAM COORDINATOR: _____ **Phone Number:** _____

Mailing Address _____

Trip to (Country) _____ # on Team _____ Dates of Trip: _____

Name/address of church to receive credit: _____

Church account number _____

Were construction funds sent to the Springfield MAPS Construction office prior to your trip? Yes No

If yes, date funds were sent: _____ Amount sent: \$ _____

If funds were sent to Springfield, this amount should not be included in the expenses you list below.

INFORMATION ABOUT CITY AND COUNTRY VISITED

NAME OF MISSIONARY _____

Project # or Ministry Done Overseas _____

I - REPORT OF EXPENSES

Airfare, Bus, Taxi	\$	
Passports, Visas, Shots		
Hotel		
Meals		
Car Rental, Airport Parking		
Telephone/Fax		
Auto Mileage \$0.45 per mile		
GTL Insurance Fee (\$2.40 per day, per person [include dates of travel])		
Insurance for Vehicle		
Other (give explanation)		
TOTAL - I	\$	

PLEASE COMPLETE REVERSE SIDE OF FORM IF:

- Purchases were made for building materials.
- Funds were left on the field
- Equipment was left on the field

II - REPORT OF PURCHASES MADE

Building materials purchased while on field \$ _____
Other (explain briefly) _____
TOTAL - II \$ _____

III - REPORT OF FUNDS LEFT ON THE FIELD

Given to missionary for work \$ _____
• *Missionary must retain receipt for reporting.* _____
(Name of Missionary)
Given to missionary as special/personal offering _____
(Name of Missionary)
Given to national worker _____
• *Funds should be channeled through missionary* _____
(Name of Missionary)
TOTAL- III \$ _____

IV - REPORT OF EQUIPMENT LEFT ON THE FIELD

Given to missionary \$ _____
(Name of Missionary)
Other (explain) _____
(Name of Missionary)
TOTAL-IV \$ _____

TOTAL CREDIT REQUESTED

TOTAL REPORT OF EXPENSES - I _____
TOTAL PURCHASES MADE - II _____
TOTAL FUNDS LEFT ON FIELD - III _____
TOTAL EQUIPMENT LEFT ON FIELD - IV _____
TOTAL CREDIT REQUESTED \$ _____

When you return from your team trip you will want to report your expenses and your giving to the AGWM Personnel & Family Life office. This will allow you to obtain credit for the funds given by your church. **Please do not submit receipts with your report;** however, the team coordinator should keep these on file in the church's official records in case of any audits by the IRS.

SEND REPORT TO:
AGWM Personnel & Family Life
Attn: AGWM MAPS Team Processor
1445 N. Boonville Avenue
Springfield, MO 65802
(417) 862-2781 ext. 2067
FAX: (417) 869-6280
mapsteams@ag.org