
REIMBURSEMENT FORM

Name _____ P00 _____

Team _____ Year _____

Address _____

Phone (____) ____-_____

Email _____

All receipts must accompany this form. Please make a copy of your receipt for your own records. Reimbursements may be submitted at any time but will not be processed until two weeks after the participant arrives home from their missions trip. If the amount of the receipt is greater than the amount in your account, you will only receive what is in your account and not the full receipt amount. **Use the chart on the back when submitting receipts with this form.**

Please mail this form and your receipts to be received by August 31st to:

Reign Ministries
Attn. Finance Department
5401 West Broadway Ave
Minneapolis, MN 55428

Or

Scan and email form and receipts to:
accountingagent@reignministries.org

Questions? Call 763.535.9555

REIMBURSEMENT POLICY

To qualify for an expenditure reimbursement, a participant must have extra dollars in their account once all financial obligations for the mission trip have been met. According to the IRS all reimbursements must be received by the Finance Department at Reign Ministries **by August 31**. All receipts must be included and must be itemized by circling the item and price, and including further details if not clear. *No checks will be cut for reimbursement prior to team's arrival home.*

For an expenditure to qualify for reimbursement, it must be purchased specifically for the trip and for the participant specifically, not a parent/guardian accompanying a participant, that a person would otherwise not have to, or be required, to purchase. Therefore, articles such as cosmetics, toiletries and eye care, are not reimbursable because these items are either non-essential or would be used were the person to remain at home (even if you purchase travel-sized items). Also, reimbursements must be for items paid for by the participant, not as support raised trip costs.

Because of the requirements laid out in our dress code some clothing items are reimbursable. See reverse side for specific items and maximum reimbursement allowance per item; these are listed in parenthesis after the item. Full purchase amount will be reimbursed where no dollar amount is listed.

REIMBURSEMENT FORM
Due by August 31st (same year of travel)

Reimbursements will be issued as long as your account has overage of funds to cover the expense.

Reimbursable Items Include (\$\$ amount in parenthesis indicate maximum reimbursable allowance):

Travel: Domestic airfare and baggage fees, Visa (if paid for by participant only), gas (if driving)

Clothing: spandex /compression shorts (\$20 each), swimsuit (\$40), skirt (\$20), sandals (\$50)

Camping Gear: sleeping bag (\$50), backpack (\$75), sleeping pad/mat (\$25), stuff sack, small pillow, sheet, plate, bowl, travel mug, fork/knife/spoon, water bottle, flashlight, rain jacket (\$20), umbrella

Health: hand held mirror, Vaccinations required/recommended by Reign Ministries, prescriptions specific to the needs of the country (i.e. Cipro, malaria meds for Africa)

Other Items: passport holder, laundry bag, watch (\$20), 3x5 card spiral binder, clothespins, clothesline, garbage bags, Ziploc bags, bug spray, calculator (\$10), camera (\$45), carabineer, work gloves, cardboard box

Trip Specific Reimbursable Items:

China: pictures/small gifts (\$20 total)

Costa Rica*: soccer cleats (\$75), sports bag, soccer socks, shin guards

Greece/Macedonia: lightweight black pants; (females) skirts, dresses, capris, pants (\$100 total)

Morocco: (females) tunic style shirts, skirts, dresses, pants (\$200 total)

Nehemiah/Timothy: (females) skirts, dresses, capris, pants (\$100 total)

Nepal: (females) skirts, dresses, capris, pants (\$100 total)

Uganda: (females) skirts, dresses, capris, pants (\$100 total)

Non reimbursable items include but are not limited to:

Doctor visit for physical, toiletries, clothes (not listed above), eye care (glasses, contacts, etc.), food, passport, postage, support raising events (dinners, desserts, etc).

**Soccer items for Costa Rica are only reimbursable if the participant is not currently playing on a soccer team and doesn't plan to play in the future. These items would be for this mission trip only.*

Number receipts. Circle the item to be reimbursed along with the price paid on the receipt. List each reimbursable item below along with receipt number, the price paid and the Reign allowable price if applicable. Itemized receipts must accompany this form. If item is not clearly identifiable include a detailed explanation of the item on the receipt.

ITEM	RECEIPT NUMBER	PRICE PAID	ALLOWED AMOUNT	REIMBURSABLE AMOUNT
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
(Continue on second sheet if needed)			TOTAL	_____