U.S. Ministry Reimbursement

Mail to:
Reimbursements, Dept. 2200
100 Lake Hart Drive
Orlando, FL 32832-0100

Staff Information

Name: _____

Staff Account #: ___ ___ ___ ___ ___ ___ ___ - (___)

Email Address_____

Ministry: _____

Daytime phone #: (___) _____ - _____

Field Staff- Address to mail direct deposit slip/check to:

Street: _____

City/State/ZIP: _____

H.Q. Staff- Mail code only: _____

❑Senior Staff ❑Part Time Field Staff

❑New Staff ❑Associate/Affiliate Staff

❑Intern ❑Terminated Staff- termination date: _____

Period covered on this form:

_____/_____/_____ to _____/_____/_____

❑Cancel Direct Deposit (this reimbursement only), issue a check

Important

1. Please **PRINT IN INK**. Complete all information on both sides. Incomplete or illegible forms may be returned.
2. Attach (staple to back of form) original itemized receipts for **A) all lodging, and B) all single expenditures of $75 or more.** Do not send receipts unless required.
3. **Keep a copy of your receipts and this reimbursement for your files.**
4. If you have questions, check your *Financial Policy Manual* or call your administrator. If you still have questions, call our Staff Services Representatives at **(888) CRU-7288 (888-278-7233)**.
5. **For moving expenses use the MOVING REIMBURSEMENT form.**
6. **For all medical expenses use the U.S. HEALTHCARE REIMBURSEMENT form.**
7. **For additional salary use the ADDITIONAL SALARY REQUEST form.**
8. Reimbursements **must be approved within 90 days** of the oldest expense being claimed, or all expenses over 90 days must be paid as additional salary.
9. Reimbursements less than $500 (line 12) do not need an approval.

Special Instructions: _____

Please round to nearest whole dollar

Ministry Expenses *(non-taxable)*	**1**	Ministry Auto Mileage	**1**	$ .00	MIL
	2	Travel - air, bus, etc.	**2**	$ .00	TAR
	3	Travel - auto: driver, tolls, parking, rentals	**3**	$ .00	TAU
	4	Meals / per diem (for overnight travel)	**4**	$ .00	MEA
	5	Lodging (receipt required)	**5**	$ .00	LOD
	6	Meetings and retreats	**6**	$ .00	MTG
	7	Postage and shipping	**7**	$ .00	POS
	8	Printing, stationery and copying	**8**	$ .00	PRI
	9	Telephone (ministry calls only; no service charges)	**9**	$ .00	TEL
	10	Entertainment - gifts, meals (ministry related)	**10**	$ .00	ENT
	11	Supplies and materials / miscellaneous (ministry items only)	**11**	$ .00	SUP
		(Office use only)		$ .00	
Subtotal	**12**	Add lines 1 through 11	**12**	$ .00	
Clearing Advance	**13**	Enter amount to be cleared from advance balance (not to exceed line 12) *If more than one advance exists, the oldest advance will be cleared first.*	**13**	$( ).00	RAD
TOTAL	**14**	Subtract line 13 from line 12 **NET REIMBURSEMENT AMOUNT**	**14**	$ .00	

Advance Request	**15**	Reimbursement Advance (issued as a separate direct deposit/check) PURPOSE: _____ **NET ADVANCE AMOUNT**	**15**	$ .00	RAD

Indicate that these expenses are in agreement with the financial policies of Cru by signing below.

Staff Member's Signature _____ Date _____ Staff Account Balance $_____.00

❑Married ❑Single

I am this staff member's supervisor or have been delegated by the staff member's supervisor to sign on his or her behalf. Based on my review, I agree that all the expenses are ordinary and necessary to fulfill the staff member's duties and are in compliance with the supported staff Financial Policy Manual.

Approver's Signature _____ Date _____ Approver's Account #: _____

Ministry Expenses (non-taxable)

Ministry Auto Mileage - Line 1	Enter ministry mileage _____ x ____¢ (current rate) = $_____.00 (enter total on **Line 1**)

You must attach a copy of your travel log documenting dates, destination, ministry purpose, and mileage for each trip being claimed above, regardless of distance. Do not include daily commuting mileage or moving mileage in total.

Line 2 - Line 11 Itemize each expense for Line 2 through Line 11 below. Please number required receipts and staple them, in order to the back of the form. If additional space is needed, use a separate piece of paper and staple it to the reimbursement

Receipt #	Line #	Date(s) of event/purchase	Amount	Item ... For whom ... Specific business purpose for expense
			$	
			$	
			$	
			$	
			$	
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			$	
			$	
			$	

You can make copies of this form.