

# MONTHLY MISSIONARY ITINERATION FINANCIAL REPORT

## Assemblies of God U.S. Missions

Name \_\_\_\_\_ Field \_\_\_\_\_

Report period \_\_\_\_\_ Date \_\_\_\_\_

**Total of checks or receipts submitted with report** .....\$ \_\_\_\_\_  
 Please make sure any offerings retained minus work expenditures listed below do not exceed the allowable amount established for personal allowances.

**Total of special personal offering receipts submitted with report** .....\$ \_\_\_\_\_

**Expenses**

*Please list below all work expenses incurred during the current month.*

- Mileage \_\_\_\_\_ x \$0. \_\_\_\_\_ .....\$ \_\_\_\_\_
- Meals .....\$ \_\_\_\_\_
- Car rental, bus fare, cab fare, tolls, subway .....\$ \_\_\_\_\_
- Plane fare .....\$ \_\_\_\_\_
- Motel lodging or campground fees .....\$ \_\_\_\_\_
- Office supplies, postage .....\$ \_\_\_\_\_
- Promotional materials, newsletter costs (attach copy) .....\$ \_\_\_\_\_
- Telephone - cell, long distance calls or second lines only .....\$ \_\_\_\_\_
- Required percentage paid to district on work offerings .....\$ \_\_\_\_\_
- Insurance premiums (specify type - life, dental or health) .....\$ \_\_\_\_\_
- Miscellaneous expenses (attach detailed explanation) .....\$ \_\_\_\_\_

**Total expenses** .....\$ \_\_\_\_\_

**I would like my deficit to be reimbursed if funds are available** \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If neither option is selected, the Financial Support Team will assume no deficit is to be reimbursed.

**Hospitality** .....\$ \_\_\_\_\_  
 For any hospitality to be receipted, attach a deputational receipt with copies of supporting documentation (i.e. copies of hotel receipts, meal receipts, etc.) for the amount of the hospitality provided. Please note a 5% administrative fee will be charged on all hospitality receipts.

**Check and date below when you send the report to:**

- \_\_\_\_\_ Monthly Itineration Financial Report and Monthly Itineration Progress Report to AGUSM with all offerings received during the month of deputational receipts written.
- \_\_\_\_\_ Copies to the districts in which you itinerated for the month. If there is more than one district, make extra copies and send one to each district, c/o superintendent.
- \_\_\_\_\_ Copy for your records.