

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.