



United Methodist Volunteers in Mission
 Southeastern Jurisdiction Office of Coordination
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Finalized Record of Expense and Team Leader Evaluation

Pg.1

Conference _____
 District _____
 Local Church _____

Departure Date ___/___/___
 Return Date ___/___/___
 Number of Team Members _____

Team Leader Name _____
 Address _____

Work Phone _____
 Home Phone _____
 Fax _____
 Email _____

Project Name _____

Location/Country _____

Indicate all that apply:

- Bible School
 Construction
 ERT/Disaster Recovery
 In Mission Together Church
 Medical
 Youth/Young Adult
 Other _____

Report of Expenses

Project Funds:

1. Construction Funds _____
 2. Gifts in Kind _____ (total value; you may attach a list)
 3. Other _____
Project Funds Total _____ (sum of lines 1-3)

Team Expense:

4. Transportation _____ Airfare Bus Other _____
 5. Transportation* _____
 6. Enroute Lodging _____
 7. Lodging _____
 8. Enroute Meals _____
 9. Meals _____
 10. Cultural Expenses** _____
 11. Insurance & fees _____
 12. Communication _____
 13. Orientation _____
 14. Other _____
Team Expense Total _____ (sum of lines 4-15)

Foreign National Contact Person
 Name: _____
 Address _____

 Phone _____
 Fax _____
 Email _____

US Contact Person
 Name: _____
 Address _____

 Phone _____
 Fax _____
 Email _____

*In-country if international destination

**Tours and/or cultural activities

1. Objectives of the Mission

2. Method Used for Orientation

3. Summary of the Mission/Current Status of Project

4. Resources (tools, equipment, medical supplies, etc) on site

5. Other Resources Needed

6. Evaluation of Housing, Meals, Local Transportation:

Type of Housing	Cost per day per person \$
Meals prepared by	Cost per day per person \$
Transportation	Cost \$
Translator provided?	Cost \$
Coordination Fee?	Cost \$

7. Financial Concerns

8. Plans for Interpretation and Debriefing

9. How can the UMVIM, SEJ office better support your team?