

Expense Analysis (1-3 Months)

Please report on this form how all retained funds (money given directly to you and not reported to AGWM) were spent. This form is due in the AGWM MAPS office within 30 days of the completion of your assignment.

Name _____ Social Security No. _____ Date _____

College _____ College Team Member Intern

Permanent Address _____

City _____ State _____ Zip _____

Home Phone _____ College Phone _____

Email _____

Place of Assignment _____

Dates of Assignment _____

Missionary/Pastor/Director Assigned To _____

Contributions Received

The white copy of all temporary receipts are required. Return all unused temporary receipts.

Total Contributions Received _____

Expenses

Receipts must be attached for ALL expenses.

Travel (bus/plane/train/car) _____

Hotels and Meals (en route to and from assignment) _____

Passport, Visa, Vaccinations _____

Car Rental, Airport Parking, Taxi, etc. _____

Cost of meals while on assignment (daily log of meal costs required) _____

Cost of room while on assignment _____

Funds/equipment given to missionary not listed above (receipt from missionary required) _____

Other Expenses

Postage, Telephone, Telegrams, etc. (please indicate specific relationship to assignment)

Please list:

Total Reportable Expenses for this Assignment _____

Excess Funds

If contributions exceed expenses (positive amount), then that amount must be returned to AGWM.

Attach a personal check made out to AGWM to this form. **If expenses exceed contributions** (negative amount), then check with your tax preparer to determine if this is deductible on your personal taxes.