



Campus Crusade for Christ

# U.S. Staff 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  New Staff  Associate 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, B) all medical expenses and C) 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. Please allow three weeks from your mailing date for processing and mailing.
  5. 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) CRUSADE (278-7233)**.
  6. **For moving expenses use the MOVING 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 16) do not need an approval.

Special Instructions: \_\_\_\_\_

Please round to nearest whole dollar

<b>Ministry Expenses</b> <i>(non-taxable)</i>	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	Childcare: for ministry meetings, training and retreats	11	\$	.00	CHI
	12	Supplies and materials / miscellaneous (ministry items only)	12	\$	.00	SUP
<b>Medical Expenses</b> <i>(non-taxable)</i>	13	Claims reimbursable on the Explanation of Benefits form(s)	13	\$	.00	MDB
	14	Medical/other not submitted to Great West – attach original receipt(s)	14	\$	.00	MDA
	15	Non-taxable counseling - attach original receipt(s) <i>Marriage and childrens' counseling must be claimed on the Additional Salary form.</i>	15	\$	.00	MDC
	(Office use only)		\$	.00		
<b>Subtotal</b>	16	Add lines 1 through 15	16	\$	.00	
<b>Clearing Advance</b>	17	Enter amount to be cleared from advance balance (not to exceed line 16) <i>If more than one advance exists, the oldest advance will be cleared first.</i>	17	\$	( ) .00	RAD
<b>TOTAL</b>	18	Subtract line 17 from line 16 <b>NET REIMBURSEMENT AMOUNT</b>	18	\$	.00	

<b>Advance Request</b>	19	Reimbursement Advance (issued as a separate direct deposit/check) PURPOSE: _____ <b>NET ADVANCE AMOUNT</b>	19	\$	.00	RAD
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Indicate that these expenses are in agreement with the financial policies of Campus Crusade for Christ by signing below.

Staff Member's Signature \_\_\_\_\_ Date \_\_\_\_\_ Staff Account Balance \$ \_\_\_\_\_ .00

Married  Single

Approver's Signature \_\_\_\_\_ Date \_\_\_\_\_ Approver's Account #: \_\_\_\_\_

