

NORTHERN CALIFORNIA CONFERENCE OF SDA Master of Arts in Pastoral Ministry (MAPMin) PROGRAM EXPENSE REPORT

courses for which PASTOR has obtained prior approval on Continuing Education Request Form

Name _____ Office Phone () _____
Home Phone () _____

Address _____ City/Zip _____

Course Beginning Date _____ Ending Date _____ Course Number _____

Course Title _____

TUITION AND/OR FEES \$ _____
Receipts required.

PER DIEM \$ _____
Number of days at 2 or more meals per day _____ x \$ 50.00 = \$ _____
Number of days at 1 meal only per day _____ x \$ 25.00 = \$ _____

LODGING \$ _____
Receipts required.
Number of nights _____ x Rate \$ _____ = \$ _____

TRAVEL \$ _____
A. Mileage to and from course location WITHIN the Pacific Union
Number of miles _____ x .42¢ = \$ _____
B. Airfare - Actual expense \$ _____ (Receipts required.)
C. Car rental \$ _____ Gas \$ _____ (Receipt required.)

TOTAL EXPENSES \$ _____

AMOUNT TO BE REIMBURSED BY CONFERENCE \$ _____
LIMIT - \$2,500.00 per APPROVED pastoral worker per year

Available Balance \$ _____

Signature of Applicant _____ Date _____

Ministerial Director _____ Date _____

Conference Secretary _____ Date _____

Treasurer _____ Date _____

Email to: bernadette.johnson@nccsda.com Or Mail to: Ministerial Department
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916-886-5600