

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 \$ 58.00 = \$ _____
 Number of days at 1 meal only per day _____ x \$ 29.00 = \$ _____

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

TRAVEL \$ _____
 A. Mileage to and from course location WITHIN the Pacific Union
 Number of miles _____ x .67 = \$ _____
 B. Airfare - Actual expense \$ _____ (Receipts required.)
 C. Car rental \$ _____ Gas \$ _____ (Receipts 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: Linda.Terry@nccsda.com Or Mail to: Ministerial Department

Northern California Conference
 P.O. Box 619015
 Roseville, CA 95661
 916-886-5600