

# 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 \$ 60.00 = \$ \_\_\_\_\_  
Number of days at 1 meal only per day \_\_\_\_\_ x \$ 30.00 = \$ \_\_\_\_\_

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

TRAVEL ..... \$ \_\_\_\_\_  
A. Mileage to and from course location WITHIN the Pacific Union  
Number of miles \_\_\_\_\_ x .725 = \$ \_\_\_\_\_  
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](mailto:Linda.Terry@nccsda.com) Or Mail to: Ministerial Department

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