

**Mission Trip Reimbursement Application
Salem Baptist Association**

This application supersedes all previous forms and guidelines, effective October 1, 2018

Requesting Individual: _____

Church Membership: _____

Date(s) of Mission Trip: _____

Date Request Submitted: _____

Trip Destination, Purpose, and
Cost: _____

Signature of Person Making Request: _____

Signature of Members Pastor: _____

Address of Church Treasurer or Church Mailing Address:

Name: _____

Address: _____

Process for scholarship application:

1. Each individual requesting reimbursement funds must fill out an application for funds.
2. Completed application is to be sent to the association office for approval by missions committee.
3. Missions committee approves/disapproves funds and notifies applicant.
4. Funds are dispersed upon completion of mission trip. Funds will not be dispersed from the association to the individual. Funds will be distributed to the sending church.
5. Reimbursement of 20% of trip cost up to \$300.00 per person is allowed, this includes travel, food and lodging.

APPROVED/DISAPPROVED by the Salem Baptist Association Missions Committee

Amount reimbursed _____

Date _____

Chairman, Missions Committee