



**United Methodist Volunteers In Mission**  
**Southeastern Jurisdiction Office of Coordination**  
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## FINALIZED RECORD OF EXPENSE TEAM LEADER EVALUATION

Conference \_\_\_\_\_  
District \_\_\_\_\_  
Local Church \_\_\_\_\_  
Country \_\_\_\_\_  
Location \_\_\_\_\_  
Project Name \_\_\_\_\_

Departure Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Return Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Number of Team Members \_\_\_\_\_

Team Leader \_\_\_\_\_  
First Middle Last

Work Phone (\_\_\_\_) \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

FAX (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

### REPORT OF EXPENSES

#### Project Funds:

1. Construction funds \_\_\_\_\_
2. Gifts in Kind \_\_\_\_\_
3. Other \_\_\_\_\_

**Project Funds Total** \_\_\_\_\_ (sum of lines 1-3)

#### Team Expense

4. Airfare/Airport \_\_\_\_\_
5. Local Transportation \_\_\_\_\_
6. Enroute Hotel \_\_\_\_\_
7. Local Lodging \_\_\_\_\_
8. Enroute Meals \_\_\_\_\_
9. On-site Meals \_\_\_\_\_
10. Entertainment/Tour Day \_\_\_\_\_
11. SEJ UMVIM Registration Fees \_\_\_\_\_
12. Insurance \_\_\_\_\_
13. Telephone Calls & Postage \_\_\_\_\_
14. Orientation \_\_\_\_\_
15. Other \_\_\_\_\_

**Team Expense Total** \_\_\_\_\_ (sum of lines 4-15)

Please complete this report concerning your recent mission team. Your frank evaluation and comments will be helpful in making this ministry more effective. This should be submitted immediately after the group has returned home.

Name and Location of Project \_\_\_\_\_

**Foreign National Contact Person:**

**U.S. Contact Person:**

Name	_____	Name	_____
Address	_____	Address	_____
Phone	_____	Phone	_____
Fax	_____	Fax	_____
Email	_____	Email	_____

Objectives of the Mission:

Method Used for Orientation:

Summary of Work Done/Current Status of Project:

Tools on site:

Other tools needed:

Financial Concerns:

How can the UMMVIM, SEJ office better support your team?

Type of Housing: \_\_\_\_\_ Cost per day per person : \$ \_\_\_\_\_

Meals prepared by: \_\_\_\_\_ Cost per day per person : \$ \_\_\_\_\_

Transportation: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

Coordination fee: \$ \_\_\_\_\_ Translator provided? \_\_\_\_\_ Cost: \$ \_\_\_\_\_

Evaluation of Housing, Meals, Local Transportation:

Plans for Interpretation and Debriefing:

Please feel free to attach an additional sheet of paper if you need extra space.