



United Methodist Volunteers In Mission
Southeastern Jurisdiction Office of Coordination
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FUNDS TRANSMITTAL AND TRAVEL ITINERARY

2006 Edition

1 REQUIRED PER TEAM - TO BE COMPLETED BY THE TEAM LEADER

Conference _____	Departure Date _____ mm/dd/yy
District _____	Return Date _____ mm/dd/yy
Local Church _____	
Project Name _____	<i>These are the new rates effective Jan. 1, 2006</i>
Location _____	
Country _____	
Team Leader _____	Work Phone _____
Address _____ _____	Home Phone _____
	FAX _____
	Email _____
City State Zip	

Registration Fee

International Teams	_____ Persons @ \$15.00 per person	=	\$ _____
Domestic Teams	_____ Persons @ \$10.00 per person	=	\$ _____

Insurance Calculation

_____ Persons @ _____ per person = \$ _____

Total Submitted \$ _____

***Make a single check payable to UMVIM, SEJ**

*****Insurance Cost Per Person - Number of days should include day of departure through day of return*****

(NOTE: THE ENTIRE TEAM MUST SELECT THE SAME COVERAGE)

Number of Days	Coverage Amount \$5,000	Coverage Amount \$10,000
0-4	7.00	10.00
5-10	9.00	12.00
11-14	12.00	16.00
15-21	15.00	20.00
22-50	19.00	27.00
51-100	28.00	39.00
101-200	40.00	57.00
201-365	59.00	84.00
Over 365	88.00	125.00
Leader - SIGN UNDER CHOSEN COVERAGE		

Missioner Profile and Release of Claim form for each team member **must be included** for insurance purposes.

TRAVEL ITINERARY:

Please attach a flight schedule and travel itinerary for dates of departure and dates of return.

Any requests for refunds due to cancellation or change in trip details must be at least 7 days prior to departure.

*If team members wish to have additional insurance for medical costs due to illness, please contact our agent directly. Telephone 800-209-5442 (CMA Agency, Inc.) and ask for Athena for complete information. In this case, premiums will be paid directly to CMA Agency, Inc. and will not go through the UMVIM Office.