



Illinois Baptist Disaster Relief Reimbursement Request



Name of person to whom the reimbursement will be written:

Name:

Address

City/State/Zip

Callout/Event/Meeting:

Dates Held:

Round trip travel from:

To:

Total vehicle mileage*:

Rate (see bottom of page) =

Total number of passengers in my vehicle:

Trailer

No Trailer

Pre-approved charges for parts, repairs or miscellaneous (with attached receipts)

\$

Pre-approved Lodging (with attached receipts)

Pre-approved Meals (with attached receipts)

\$

As Payee (Initial), I request a reduction of reimbursement (\$) as a donation to IBDR.

As Payee (Initial), I request a reduction of reimbursement (\$) because I received partial funding from another funding source.

Account number **3610-000-000** Total reimbursement request:

Requested By (Signature):

IBSA Missions Director:

IBSA-AD Approval (\$1000 and over):

***IBDR will reimburse Passenger vehicles at a rate .25 cents per mile.**

- a. A vehicle must have a minimum of 2 people for reimbursement.
- b. Single driver vehicles will only be allowed with prior approval from the State Director.

***IBDR will reimburse vehicles with trailers or large equipment at the rate of .50 cents per mile.**

- a. A vehicle must have a minimum of 2 people for reimbursement.
- b. It is expected that a unit will include one-unit trailer, and in some situations one piece of large equipment. Additional equipment requires approval from the state director prior to their departure to the field.

Please submit this completed form with any supporting documents to:

IBSA Disaster Relief
Reimbursement
3085 Stevenson Drive
Springfield, IL 62703