



# 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