



EVANGELICAL
FRIENDS MISSION

LUKE 10 INITIATIVE EXPENSE FORM

*Complete and submit this form to request reimbursement of expenses paid on a Luke 10 Initiative Trip,
or to receive a cash advance for anticipated expenses and emergency needs.*

Date: _____

Cash Advance Amount Requested: \$ _____

*You will be responsible for keeping track of cash spent, reporting how it was used,
and returning any unused portion to EFM in a timely manner.*

OR

Expenses to be Reimbursed: \$ _____

Check to be made payable and mailed to:

Name: _____

Address: _____

ADDITIONAL INSTRUCTIONS:

- For Expense Reimbursement, please complete the below itemization detail and return with your reimbursement request. Please scan receipts and include as attachments when you return this form electronically.
- For Cash Advances, please keep track of cash spent – who you paid, for what, and how much. Upon return, submit an itemization to EFM along with returning any unused cash. Please scan and include any receipts you may have.

*Team Leaders should send completed forms to EFM via email: debby@friendsmission.com
or mail paper copies to EFM at the PO Box below.*

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