



Mission Report

Conference Trips

Team Sponsor: District _____ or Church _____ or other _____

Project: Location: Country _____ or US state _____

Number of Work Days: (exclude travel, sightseeing, worship, etc.) _____ **Dates:** Begin _____ End _____

Number of Team Members: Youth _____ Adults _____

Project Type (Check all that apply): Construction _____ Medical _____ Evangelism _____ Education _____ Other _____

Monetary Contributions to Project: US Dollars \$ _____

Value of In-Kind Contributions to Project: (supplies, tools, materials, meds, etc.) US Dollars:

Construction _____ Medical _____ Evangelism _____ Education _____ Other _____

Team Expenses: Transportation, Meals, Lodging, Interpreter, Insurance, etc. \$ _____

Team Leader:

Name _____ Address _____ City _____ State ___ Zip _____

Local Church Mission Activities: (food pantries, kids hope, meals, habitat, adopt a child, nursing home visits, etc.)

Hours _____ Contributions \$ _____ Number of Volunteers _____

Health Kits _____ Flood Buckets _____

Please complete this form immediately following your mission trip and remit to your pastor so that it can be collected at your church's annual Charge Conference. This form is also available on the South Indiana Conference website under VIM Forms. (Use a separate form for each mission activity.)