

SJCAC Short Term Missions (STM) Documentation Set

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OVERVIEW

Thank you for the opportunity to partner together in our STM journeys, fulfilling God’s Great Commission. The objective in this SJCAC STM Document Set is to facilitate the STM organization and to maximize the effectiveness of the STM for the individual and team. This document is organized as follow:

- Part 1: SJCAC STM Information, Procedures and Policy.
- Part 2: SJCAC STM Applications & Forms.

Listed below are timeline for submitting the applications and Forms. Should you have any questions, please feel free to contact the Pastors or any member of Missions Council.

Name of Forms	Purpose	Who should complete	When to complete
<u>SJCAC STM Form1</u> STM Preliminary Approval Form	This form provides the STM general info. to obtain preliminary approval <u>from</u> the Missions Council.	STM Pastors or Team Leaders	Submitted by 10/15 of the previous year
<u>SJCAC STM Form2</u> STM General Information Form	Upon STM preliminary approval, this form provides the STM detailed info. and team members <u>for</u> the Missions Council.	STM Pastors or Team Leaders	Submitted 3 months before STM trip start-date
<u>SJCAC STM Form3</u> STM Individual Application Form	This form is to be completed by individuals desiring to be a member of STM team	STM team members.	Submitted 3 months before STM trip start-date.
<u>SJCAC STM Form4</u> STM Expense Report	This form is to be completed by STM team treasurer, reporting the expenses for the entire STM trip.	Team Treasurer	Submitted to SJCAC Accounts Payable within 1 month after STM trip end-date.
<u>SJCAC STM Form5</u> STM Financial Support Application	This application is to be completed by STM members seeking additional financial support from the Missions Council.	Team member seeking additional financial support	Submitted 4 months before STM trip start-date.

Part 1

SJCAC STM Information, Procedures & Policy

STM General Information and Procedures

General Information:

- 1) Per Missions policy Section 6.6 , in order to receive funding from missions department, each team must raise at least 25% of the total trip cost.
- 2) Anyone other than pastor, pastor wife and ministerial staff will receive up to 30% of the total trip cost if the above condition is met.
- 3) Individuals may not spend more than 3/7 of the time on personal business before or after the Short term missions trip. (i.e. if total trip is 7 days, the maximum personal allowable time is 3 days) If the personal time exceeds 3/7, than he must pay for his travel expense and cannot be included on the total trip cost.

Responsibilities of the Treasurer

- 1) A treasurer must be designated prior to the trip to be responsible for all financial matters of the team.
- 2) Only the treasurer can request funds for cash advance and pre-trip reimbursement.
- 3) The treasurer is responsible for submitting reimbursement forms of the team expenses and distribution of the reimbursement fund.
- 4) Individual members cannot submit reimbursement without going through the treasurer.
- 5) At all times, finance department will only work with the treasurer for trip expenses and will not handle individual team member request.

Prepaid Expenses

- 1) The church office will purchase all STM trip airline tickets and will prepay the tickets.
- 2) Separate purchased ticket by individuals will not be prepaid by SJCAC.
- 3) Reimbursement for individual ticket amount will not exceed the group ticket fare and will only be reimbursed after the trip.
- 4) If the team does not raise over 25% of the entire trip cost, team members must pay SJCAC for the airfare.

Cash Advance

The maximum amount of prepaid expenses and cash advance shall not exceed 75% the total trip cost.

Report Filing

- 1) A STM general information form must be filled out for the team by treasurer.
- 2) Each team member must file an individual expense report with the treasurer.
- 3) The treasurer will file a team expense report plus individual team member expense report.
- 4) All receipts must be pasted on a 8.5" by 11" paper. Any amount over \$25.00 must have a receipt.
- 5) Arrange and sort the receipts by date.
- 6) Individual airline ticket, boarding pass (if possible), E-ticket confirmation are required besides group ticket purchase receipts.
- 7) For IRS purposes, upon returning, the trip journal keeper should give a copy of the journal to the Finance department
- 8) Expense reports must be filed within 30 days after the last day of the trip.

STM Policy Summary

1. Personal Contribution

Conditions	Personal Contribution
Vision Journey	100%
First 2 Prayer Journey and/or Ministry Trip (less than 3 weeks)	50% (*1) exception if financial hardship
Subsequent Prayer Journey and Ministry Trip (less than 3 weeks)	100% no exception
Deviation from Team Itinerary	Air Fare + expenses during the deviated period
Non regular SJCAC Attendees	100%

Note 1: Participants are encouraged to pay 100% of the trip cost. In addition, personal contribution can exceed 50% if the fund raised is less than 50% of the total trip cost.

2. Time Table

Items	Who	When
Trip Proposal	Trip Leader	10/15 of the prior year
Application to participate in a trip (recommendation by a pastor, approval by Mission Committee)	Individual	3 months prior
Prayer letter, testimony, support request letter to be sent out	Individual	3 months prior
General Information Form (Report 1)	Trip Leader	3 months prior
Up front payment to treasurer	Individual	1 month prior
Cash Advance (Refer to 3 below)	Treasurer	15 days prior
Passport and visa	Individual	Prior
Trip Journey & Pictures	Journey Keeper	Within 1 month after
Expense Report (Reports 2 to 5)	Treasurer	Within 1 month after
Verbal sharing and/or written testimony	=> 2 sharers	Within 2 months after

3. Excess Fund Raised, Gifts & Cash Advance

- Excess fund raised will be pooled into Mission Fund
- Gifts and donations to local churches are limited to \$500
- Individuals are expected to pay 100% of the cost of the trip up front. Reimbursement, if any, will be paid after the trip.
- Team treasurer can ask for cash advance after the trip leader has submitted the General Information Form, and after the team treasurer has collected the 25% contributions from the participants.

Part 2

SJCAC STM Applications & Forms

SJCAC STM Form 1

STM Preliminary Approval Form

(This form must be submitted for approval prior to Missions Conference)

Date of Submission: _____

STM Leader's Name: _____

_____ ES

_____ CS

_____ MS

Number of STM members: _____

STM Destination: (List all cities)

Country: _____

City/Cities: _____

STM Date: From _____

To _____

Estimated Cost: \$ _____

STM Description:

List Objectives: (What is to be accomplished?)

List Activities: (What are the things the team will be doing?)

SJCAC STM Form 2

STM General Information Form

Complete the information in each box below:

Trip Date: From _____ To _____ Destination: _____

Team Treasurer: _____ Email: _____

Phone #: _____ (H) _____ (W)

Address: _____

1. Print all team members' names on each line, insert a new page if more enough spaces are needed.

Team	1.	11.
Members:	2.	12.
	3.	13.
	4.	14.
	5.	15.
	6.	16.
	7.	17.
	8.	18.
	9.	19.
	10.	20.

Total number of team members: _____ (Include leader & treasurer)

2. List Team Member names and the extra dates taken on this trip.

Team Members:	Extra dates taken on this trip:
1.	
2.	
3.	
4.	

3. List Team Member names and the extra dates taken on this trip.

Estimated trip cost per member	\$ _____	Estimated total trip cost	\$ _____
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* This form is required by Mission department for short term mission trip expense reimbursement.
 * This form must be submitted to Finance department 30 days before trip start.
 * This form is filled by Team Treasurer.
 * Advanced cash or expense reimbursement cannot be processed without the completion of this form.

OFFICE USE ONLY

Date Received: _____

prepaid air tickets: \$ _____

Cash Advanced: \$ _____

SJCAC STM Form 3
STM Individual Application Form

Personal Information

Name: _____

Address: _____

Phone #: _____ (H) _____ (W)

Age: _____ Sex: Male Female

Medical Information

Medical Insurance Carrier: _____

Membership name & number: _____

Special health conditions (please explain):

Emergency contact information:

Name: _____

Phone: _____ Relationship: _____

Pledge Statement (signed by the applicant)

I pledge to participate in this short term missions trip as a responsible team member. I will be actively involved in all phases of this ministry. I will submit to the authority of the team leader who is responsible for guiding me in the completion of the ministry tasks.

Signature: _____

Date: _____

1. Please write a testimony about yourself.
2. Please describe your regular habit of prayer and spiritual disciplines.
3. What Christian ministries or activities are you currently involved in?
4. Why do you want to participate in this short term missions trip? What are your expectations?
5. Please describe your previous short term mission trip(s) experience if any.
6. What do you believe are your spiritual gifts?
7. What do you believe are your personal strengths and weaknesses?

SJCAC STM Form 4
STM EXPENSE REPORT

Report#2

Team Treasurer:	Trip Duration	From:	To:
	Destination:		

SECTION I EXPENSE CATEGORIES							
COL#	1	2	3	4	5	6	8
DATE:	Lodging	Breakfast	Lunch	Dinner	Transportation	Misc. Item	ROW TOTAL
COL-TTL							

SECTION II	
1. SJCAC PREPAID, INDIVIDUAL & GROUP EXPENSES (From ROW/COL-TTL)*	
2. AIR TICKET FARE (Include all international individual/group air tickets and SJCAC prepaid air tickets)	
3. FOREIGN TRAVEL Exchange 3a. Foreign Currency Converted to U.S. Dollars	Rate: _____ Country: _____ \$ _____
4. SUMMATION OF ALL EXPENSES CARRIED OVER FROM OTHER PAGES **	
5. TOTAL TRIP EXPENSES (Summation of Line 1 to Line 4)	
6. LESS PREPAID AIRTICKET PAID BY SJCAC	
7. LESS CASH ADVANCE GIVEN TO GROUP	
8. ADJUSTED GROUP EXPENSES (Subtract Line 6 & 7 from Line 5)	

*This form is to be filled by the Team Treasurer for all the SJCAC prepaid, team & individual expenses.
**Use one form per foreign country for foreign travel. Bring total to front page (Line 4) & staple them together.

SJCAC STM Form 4
STM EXPENSE REPORT

This form is for Short Term Mission Trip used only

SECTION III DETAILED EXPLANATION OF MISC. ITEM (From Sec. I, Cola 9)		
DATE	DESCRIPTION	AMOUNT

SECTION IV DETAILED INDIVIDUAL AIRTICKET FARE (From Section II, Line 2)				
	NAME	GROUP TICKET FARE	IND. ACTUAL TICKET FARE	SJCAC PREPAID TICKET FARE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

SECTION IV
Team Treasurer Signature: _____ **DATE:** _____

SJCAC STM Form 4 STM EXPENSE REPORT

REPORT#3

Team Treasurer:	Trip date	From:	To:
	Destination:		
SECTION I COST SUMMARY			
A) Calculation of Total Trip Cost			
1. Adjusted group expenses (From Rep#2, Line 8)			
2. Cash advances given to Group (From Rep#2, Line 6)			
3. Total air tickets prepaid by SJCAC (From Rep#2, Line 7)			
4. Total Trip Cost (summation of Line 6 through Line 5)			
B) Calculation of Average Individual Trip Cost			
6. Total Trip Cost (From Line 5) DIVIDE BY no. of team members	[] / []
7. Average Individual trip cost		=	
C) Calculation of Minimum Raised Funds			
8. Total Trip Cost (From Line 4) x 50%			
9. Minimum Raised Funds			

SECTION II MISSION FUND SUPPORT AND INDIVIDUAL REIMBURSEMENT							
A) Calculation of Individual reimbursement							
COL#	1	2	3	4	5	6	7
TEAM MEMBERS	Ave Ind Trip Cost (From Line 7)	Percentage of Mission Fund Support	Mission Fund Support	Cash Advance (From Line 2)	Prepaid Air ticket (From Line 3)	Net Individual Reimbursement	Check Number (for office use)

SJCAC STM Form 5
STM Financial Support Application

Name: _____ Phone: _____

Address: _____

Date of Birth: _____ Marital Status: _____

of Children: _____ Ages of Children: _____

Highest Level of education completed: 1 2 3 4 1 2 3 4 Post Graduate
 High School College

College(s): _____ Degree(s): _____

Church Membership: _____

I have read and agree with the Christian and Missionary Alliance' statement of Faith: _____

Name of sending agency: _____

Briefly describe your conversion experience:

How did God call you into this particular Short Term Missions Trip?

Describe the nature of the Short Term Missions Trip:

By what date do you need the support?

Please list your budgeted expenses:

What other sources of support do you have?

Who will be your prayer partners during the trip?

What will God accomplish through you during this trip?

What areas of your life do you think that this trip will impact and how?

By signing this application, I agree to submit a trip report that gives a detailed description of my missions trip activities¹. I also agree to have at least 3 brothers/sisters praying for me daily.

Applicant Signature: _____

Date: _____

¹ On a daily basis if the trip is less than 2 weeks, otherwise, on a weekly basis.