

Texas Baptist Men Disaster Relief

Instructions for Completing Texas Baptist Men Disaster Relief Expense Reimbursement Form

Notes

1. All reimbursement request forms must be submitted to the TBM DR Administrative Assistant. The latest form should be downloaded from the TBM website (www.texasbaptistmen.org/Disaster_Relief/DR_Volunteer_Forms/Expense_Forms) and may be printed on plain white paper. Reimbursement request on out of date forms cannot be processed.
2. All receipts must be the original and should be taped to an 8"x10" blank white sheet (more than one receipt may be taped to a page). The receipts should be separated by categories noting the total on the page (i.e. meals, fuel, lodging, etc.).
3. A receipt is required for all meals. The tip may be included if it is shown on the receipt. All individuals included in the meal should sign the back of the original receipt. For large groups, a separate list may be provided.
4. A receipt is required for all lodging. Prior TBM approval is required.
5. Reimbursement rates vary for vehicles depending on activity and circumstances. Refer to Expense Reimbursement Guidelines for approved rates.
6. Each person or organization receiving reimbursement must have a W9 or Federal Tax ID on file with TBM. For vehicles transporting volunteers, include list of names riding in vehicle on back of Expense Reimbursement form.
7. A separate form is required for each vehicle.
8. A separate form is also required for different uses of the same vehicle resulting in a different reimbursement rate per mile. (Example: Towing vehicle used to transport volunteers or supplies while not connected to the unit)

Reimbursement Form Instructions

- **Date of Request:** Date form completed.
- **Payee:** Name of person if individual. Name of 501 C3 organization if not individual.
- **Payee Phone Number:** Phone number of person or organization listed as Payee.
- **Last 4 Digits of SS Number or Federal ID No.:** Last four (4) digits of Social Security number of Payee if individual or Federal ID number if organization.
- **Address (Street, City, State, Zip):** Street, City, State, and Zip where reimbursement is to be mailed.
- **Deployment Dates: From:** First date of deployment. **To:** Last date of deployment.
- **Deployment Location:** Location of deployment. Generally, will be location where lodging is provided.
- **Blue Cap:** Unit Leader (Blue cap) responsible for the deployed unit or team.
- **Payee Signature:** Signature of individual Payee or responsible person if organization.

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- **Voucher No.:** Leave blank – office use only.
- **Requesting Check:** Disaster Relief (Do not change – office use only)
- **Amount of Check:** Leave blank – office use only.
- **Meeting/Event:** Name of meeting or event associated with the reimbursement request. For disaster response, this will generally be the Form Stack Response name.
- **Unit Number:** TBM Unit Number. Leave blank if a unit was not deployed.
- **Disaster Number:** Disaster number supplied by TBM.
- **Blue Cap Cell:** Cell number of Unit Leader (Blue Cap)
- **G/L Account Number:** Leave blank – office use only.
- **UNIT TOWING VEHICLE:** Check this box if reimbursement request is for a vehicle towing a unit.
- **OTHER VEHICLE:** Check this box if reimbursement request is for any vehicle except a unit towing vehicle.
- **Other Vehicle Use:** This field must be completed if “Other Vehicle” box is checked. Short description of vehicle use – Volunteer transportation, Feeding support, etc.
- **Odometer Ending:** Odometer reading at end of deployment
- **Odometer Beginning:** Odometer reading at beginning of deployment
- **Total Miles:** Difference between beginning and ending odometer readings.
- **Town Beginning:** Location at start of deployment (usually home location)
- **Town Ending:** Location at end of deployment (usually home location)
- **Rate Per Mile:** Rate is dependent on circumstances. Refer to Expense Reimbursement Guidelines for rate.
- **Total Amount:** Total reimbursement request for each section – Miles, Lodging, Meals and other.
- **Lodging (Prior Approval Required):** Total cost of lodging. Receipts required.
- **Meals (1/day/person not > \$12.00):** Total cost of meals. Receipts required.
- **Other:** Any other reimbursable expense. Each expense requires a receipt.
- **Total Reimbursement Request:** Sum of items from “Total Amount” column.
- **TBM Disaster Relief Director:** Signature of TBM DR State Director
- **Date:** Date signed by TBM DR State Director
- **TBM Executive Director:** Signature of TBM Executive Director
- **Date:** Date signed by TBM Executive Director.

Please send completed forms and receipts to:

**Texas Baptist Men
Attn: Disaster Relief
5351 Catron
Dallas, Texas 75227**