

# 2013 Healthcare Missions Conference Speaker Reimbursement Form



Please download, complete and sign as soon as possible and prior to 1 November 2013 and email as an attachment along with copy of receipts to [rna32000@yahoo.com](mailto:rna32000@yahoo.com) or Bob Arrington 30 Knollcrest, Hillsborough, CA 94010

PLEASE NOTE: REIMBURSEABLE EXPENSES WILL BE DETERMINED BY CONFERENCE STAFF BASED ON PRIOR AGREEMENTS AND BUDGET STATUS.

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. Lodging: \$ \_\_\_\_\_  
2. Transportation: \$ \_\_\_\_\_  
TOTAL: \$ \_\_\_\_\_

PLEASE CHECK 1, 2, OR 3 BELOW

1. If possible, I wish to be reimbursed for the total amount above. I understand that I cannot be reimbursed for food or other items, only lodging and perhaps transportation.

OR

CHARITABLE TAX CONTRIBUTION ALTERNATIVES:

2. I wish to be reimbursed \$ \_\_\_\_\_ for item(s) \_\_\_\_\_ shown above. The balance of \$ \_\_\_\_\_ is to be considered a Charitable Tax Contribution to the Healthcare Missions Conference.

OR

3. I would like for all the items totaling \$ \_\_\_\_\_ shown above to be considered a Charitable Tax Contribution to the Healthcare Missions Conference.

(To support our reduced rates for students, etc, any additional donations are also very much appreciated.)

Note: The Healthcare Missions Conference is a 504 non-profit Corporation and has applied for 501c(3) status in accordance with the IRS and will acknowledge all charitable gifts. If you have questions, please see the "Reimbursement" section of the Speaker Registration page <http://healthcaremissions.org/speakerpage.html> or contact Bob Arrington at 650-619-4997 or email [rna32000@yahoo.com](mailto:rna32000@yahoo.com)

THANK YOU VERY MUCH AGAIN.

Signature: \_\_\_\_\_