

## **MISSION TRIP INCOME**

This form is to be used for all money recieved for CBF mission trips. NOTE: All income should be turned in **WITHIN 15 DAYS OF RECEIPT**.

Date: Your	Name:	<del></del>
Mission Trip Department & A	Account Code:	(see back of form)
Thank you for serving	the CBF church family with your tir	me and resources! Use this form for all
mission trip income to allow mis	ssion trip income to be processed qu	iickly, accurately, and efficiently.

## **Reminders:**

All mission trip income should be <u>routed through you</u>, the trip leader. Please ensure that your trip members know to give/mail their support checks to you. Encourage your trip members <u>NOT</u> to place mission trip check in the church offering nor mail them directly to the church.

It is your responsibility to record, track, and keep up with your trip's income and each trip member's individual income. Keep a copy of each completed income form to help you track total trip income and individual trip member's support.

## Instructions:

- · List all mission trip income/support checks on this form.
- Ensure all checks are made payable to Coppell Bible Fellowship.
- Ensure all checks have the memo section filled out (Name of Trip & person being supported).
- · Place completed form & checks in MARLA SHUBERT's mailbox in the church office.

ITEM	NAME ON CHECK (Last name)	SUPPORT FOR (NAME)	CHECK NUMBER	AMOUNT
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18			_	_
19				
20				
		TOTAL AMOUNT OF CHECKS & CAS	H RECEIVED =	\$0.00

	TOTAL AMOUNT OF CHECKS & CASH
OFFICE USE ONLY	
	_



## Enter Mission Trip Account Number on Front of this Form

DEPART MENT	ACCOUNT CODE	MISSION
811	480100	Amazon Mission Trip
812	480100	Arrmenia/Russia Mission Trip
814	480100	Family Legacy Ministries
817	480100	Belize/Fishers of Men Mission Trip
818	480100	Taiwan Mission Trip