

Christian Church in Ohio
Ministry Event, Camp/Conference, and/or Retreat Expense Form

Note: this does not include food services and/or supplies purchased directly by the Christian Church in Ohio (CCIO.)

Please type or print clearly

Name of Event _____

Contact/Coordinator Name _____

Contact/Coordinator Email _____ Phone _____

Hosting Ministry (if applicable) _____

Start Date _____

Start Time _____

End Date _____

End Time _____

Location of Event _____

Reimbursement Requests

If you, or anyone with your event, makes purchases personally for this event, you are required to submit original purchase receipts and explanation of purchase to CCIO for reimbursement.

Please note that the CCIO can make many of these purchases ahead of time that would be tax exempt and/or discounted through our business accounts. This includes through Amazon, GFS, and many other vendors.

I as the contact/coordinator understand the reimbursement request information above _____
Initial here

Speaker/Leader *(If applicable - If your event has multiple Speaker/Leaders, separate forms must be completed)*

Name(s) _____

Do they have a written contract? Yes No

If yes, attach the full contract to this form.

Do they require a deposit? Yes No

Deposits are only available to those with written contracts.

If yes, what is the deposit deadline date? _____ Amount \$ _____

Is your event paying an honorarium? Yes No

If yes, what is the total amount of the honorarium? Amount \$ _____

Will the honorarium be mailed to them, or handed to them at the event? _____

Continued on the next page

*Note, if the honorarium is to be hand delivered at the event, this request must be completed in full and received by CCIO **no later than 30 business days prior to the first day of the event.***

I as the contact/coordinator understand the deposit and honorarium information above _____
Initial here

Is your event paying mileage/travel expenses? _____ Yes _____ No

If yes, your leader/speaker(s) will have to complete a mileage form with odometer readings and/or submit any original receipts that are to be reimbursed. All mileage/travel expenses are paid after the event, through Treasury Services, and may take several weeks to be received.

I as the contact/coordinator understand the mileage/travel reimbursement information above _____
Initial here

Will they be staying overnight at Camp Christian? _____ Yes _____ No

If yes, what night(s) will they be staying? _____

Do they have any dietary restrictions? _____ Yes _____ No

If yes, list them here _____

Ministry/Committee Member(s)

List the first and last names of ALL Ministry/Committee Members who will be attending this event in person.

Are you requiring they register and pay for this event (if a fee is being charged)? _____ Yes _____ No

If yes, are they receiving a discount or being asked to pay full price? _____

All participants, including leaders, speakers, ministry/committee members must be signed up ahead of time for planning purposes whether they are being asked to pay a registration fee or not.

I as the contact/coordinator understand the Ministry/Committee member information above _____
Initial here

I have to the best of my ability completed this form and understand its contents. I will ask a CCIO staff member directly if I have any questions before submitting this form.

Contact/Coordinator Signature

Date

Return this completed form to the CCIO at 10335 Maple Dell Rd., Marysville, Ohio 43040 or to ccio@ccinoh.org.

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