

MTA/CTA Reimbursement Claim Details [Complete the top section and the **red** columns only]

Church/Organization:		Church/Organization ID #: C	
MEMBER NAME:		Trip #: T	
Member Number:		Member State of Residence →:	
Registered Date		Cancellation Effective Date:	
Destination City:		Type(s) of Claim - Mark "X" Below	
Destination Country:		Medical	
Travel Dates Departure:		Travel	
Travel Dates Return:		Luggage	
Optional Cancellation & Interruption Added - YES or NO →		Other	
Claim Payable To:			
Attention (optional):		City:	
Address Line 1:		State:	
Address Line 2:		Zipcode:	

Please complete: Receipt Item # // Date of Service // Memo // Original Cost // Country Currency

Item	Date of Service	Memo: Service Provider <small>IWhen claim is for more than one member please list names & member numbers below</small>	Original Cost	Receipt Received X	Country Currency Code	Country Exchange Rate	USD Amount	USD amount Approved
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
If more item lines are needed, please complete another form				CLAIM TOTAL USD BALANCE				
Please Give a Brief Explanation for Your Claim Below				Total USD APPROVED Claim Reimbursement				

Claim Explanation: