
STAFF STIPEND FORM

Name _____ P00 _____

Social Security# _____

Trip: _____ Year _____

Address _____

Phone (____) ____-_____

Email _____

I _____ would like to receive a stipend for the amount I raised over and above the cost of my trip with Royal Servants for the summer of _____.

I understand that 12% will be taken out for administrative costs. I also understand that if the amount is \$600 or more I will receive a 1099 from Reign Ministries at the conclusion of the tax year and that I must claim this on my taxes.

Signature

Date

Please mail this form to:

Reign Ministries

Attn: Finance Department

5401 W Broadway Ave

Minneapolis, MN 55428

or

Email to:

accountingagent@reignministries.org

Questions? Call 763-535-9555

Note: We will send your check to the above address. Forms may be submitted before the trip, however checks will not be sent until travel is complete. Processing may take 10-15 business days. All forms must be received by **August 31 st.**

STAFF STIPEND FORM
Due by August 31st (same year of travel)