Thank you for allowing Memorial Hermann Medical Missions the opportunity to assist you in your mission. Please complete this document as requested in the attached cover letter.

Location of mission: ___________________________________________________

_____________________________________________________________________

Sites and purpose of your mission:

_____________________________________________________________________

_____________________________________________________________________

Number of persons served: ______________________________________________

Number of team participants: ____________________________________________

Type of medical intervention or support offered: _____________________________

_____________________________________________________________________

Were all of the supplies that were donated by Medical Missions used on your trip? If not, how are they being used?

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Please provide a sentence of your mission experience (to be used in annual report).

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

ACCOUNTING: The maximum reimbursement amount for supplies is $1,500 (effective July 30, 2018).