

****Please include a copy of this completed form with your team's check to:**

UCI

PO Box 51

Orange City, IA 51041

(If more than one check is sent in for your team funds, please collect all team member checks and send in together with this form –Thank you!)

UCI Team Funds

Trip Date: _____ - _____

Team Leader/Organization: _____

Team Leader phone #: _____

Team Leader email: _____

Team member names:

Per Diem Total: _____ (\$45/day for each person – calculated from day you arrive, not including the day of departure)

Vehicle Surcharge Total: _____ (\$50/person)

Team Project \$: _____ (ie, food distribution, conferences, extra meals, camps)

TOTAL: _____