

# FIELD MISSIONARY/SPECIAL PIONEER REPORT

For month of \_\_\_\_\_  
(Month/Year)

Name: \_\_\_\_\_ (Please print)          Congregation: \_\_\_\_\_ (Name, city, province or state)

Identification number: 

--	--	--	--	--	--

      Congregation number: 

--	--	--	--	--	--

 Check if new congregation number

Mailing address: \_\_\_\_\_ (Street or P.O. Box)       Check here if your address or telephone number has changed.  
 \_\_\_\_\_ (City)          \_\_\_\_\_ (Province or state)          \_\_\_\_\_ (Zone or code)       Check here if you are requesting AEA reimbursement. (See below.)

Telephone number: \_\_\_\_\_

**FILL IN COMPLETELY and CHECK CAREFULLY:**

Total Books	Total Booklets & Brochures	Total Hours	Individual Magazines	Return Visits	Home Bible Studies

If you did not meet your hour requirement for the month, please indicate the reason(s) below:

Sickness     Personal Time Away:  
 Other: \_\_\_\_\_    Number of days: \_\_\_\_\_ Dates: \_\_\_\_\_  
 \_\_\_\_\_    Number of days: \_\_\_\_\_ Dates: \_\_\_\_\_

A monthly report of your field activity is to be sent to the branch office as soon as each month has ended.

To calculate your AEA reimbursement, the qualifying miles you report will be multiplied by the current fuel price (as established by the Branch Committee) and then divided by the average fuel efficiency (average city/highway miles per gallon based on the information you provided) of your registered vehicle.

Do you regularly carpool by taking other passengers when possible?

AUTO EXPENSE ACCOUNT REQUISITION	
Requested Date (Month/Year)	Mileage