

Memorial Hermann Medical Missions Post-Mission Report

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).
