

**MISSOURI CONFERENCE UNITED METHODIST WOMEN
Expense Voucher**

Dates	Meetings Attended

**PLEASE CHECK APPLICABLE TITLE
(District Officers – Please include your office and your district)**

Executive Committee _____ Committee Member _____ Other _____
 District Officer _____
 Guest on Invitation of _____
 Other reason for attendance _____

Please explain all incidentals	_____

Transportation (Include names of passengers):	
Car: _____ @ .25 per mile (miles) Passenger @ .02 per mile each _____ _____	_____
Taxi: _____	_____
Airfare: _____	_____
Lodging:	_____
Meals:	_____
Postage:	_____
Telephone:	_____
Copying/Printing:	_____
Supplies/Materials:	_____
Other: _____ (Explanation)	_____
TOTAL EXPENSES	_____

*****RECEIPTS ARE REQUIRED FOR ALL EXPENSES EXCEPT MILEAGE*****

Date Submitted	Name	
	Address	
	City, State, Zip	
	Telephone	
	Facsimile	
	E-mail	

OFFICIAL USE ONLY
Approved by President
Approved by Vice President
Approved by Secretary
Date/Approved by Treasurer
Check No.