

MISSOURI CONFERENCE UNITED METHODIST WOMEN EXPENSE VOUCHER

Date Form Completed _____

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ E-mail: _____

PLEASE CHECK APPLICABLE TITLE

Executive Committee _____ Committee Member _____ Other _____
 Conference Office _____
 District Officer Position _____ District _____
 Guest on invitation of _____
 Other reason for attendance _____

DATE	MEETINGS/EVENTS ATTENDED

*****Expenses*****

Transportation (include names of qualified conference officer passengers)

Car: _____ roundtrip miles @ .14 per mile _____
 Passenger(s) _____ @ .02 per mile _____
 List names: _____

Taxi Fare: _____
 Airplane Fare: _____

Lodging (up to ½ of the room): _____
 Meals: _____
 Postage: _____ Telephone: _____
 Copying: _____
 Materials/Supplies: _____
 Other: _____
 (Explanation)

TOTAL EXPENSES _____

(Receipts must be attached for all expenses except mileage)

OFFICIAL USE ONLY (2 of 3 signatures required)

Approval Signature: _____

 President

Approval Signature: _____

 Vice President

Approval Signature: _____

 Secretary

Approved by Treasurer: _____ Date & Check Number: _____

****ALL VOUCHERS MUST BE SUBMITTED WITHIN 30 DAYS OF EVENT****