



GREAT PLAINS CONFERENCE UNITED METHODIST WOMEN

\$\$Expense Voucher\$\$

Complete all the requested information below!

Make Check Payable To: _____ (Please Print Legibly) Date _____

Name _____ Email _____

Address _____ Phone _____

City _____ State _____ Zip _____

I am a Conference Officer District Officer My Office: _____

Other (Please specify): _____ My District: _____

SIGNATURE: _____

Meeting Expenses: Attach receipts for everything – use MapQuest/Google Maps for Mileage

Supporting documentation and receipts must be provided for reimbursement. **Print MapQuest** showing beginning and ending address of meeting. Credit card statements are not receipts. Auditor requires documentation match expense voucher.

Name of Meeting	Date	Location (City/State)
_____	_____	_____
_____	_____	_____

Carpooling and shared rooms are encouraged. If a single room is requested, you are responsible for 1/2 the cost of the room. Meals may be reimbursed, if attendance at meetings requires an overnight stay due to the distance traveled. When meals are provided during the meeting, outside meals are not eligible for reimbursement. Meal reimbursement to participants will be \$32 per day with that amount prorated for partial days (**no more than \$5 for breakfast, \$12 for lunch, & \$15 for dinner**).

Meeting Expense Details	Amount	Category
Miles @ \$0.35 per mile (round trip)	= \$	Mileage
Meals	= \$	Meals
Nights Lodging @ _____ Per night	= \$	Lodging
Copies/Printing	= \$	Copies/Printing
Postage	= \$	Postage
Supplies to fulfill your office	= \$	Supplies
Days Dependent Care @ \$75/day maximum	= \$	Dependent Care
Total of Meeting Expenses		\$

Riders _____

Roommate _____

Other Expenses:

Date	Description & Purpose	Amount
_____	_____	\$
_____	_____	\$
_____	_____	\$

Sum of Meeting Expenses and Other Expenses	\$
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APPROVED (One signature required on voucher. Secretary signs vouchers for President. The President writes any checks payable to the Treasurer.)

President Signature **OR** Secretary Signature

bas 7-1-2021 **Paid:** Voucher # _____ Check # _____ Amount _____ Date _____