

**PAYMENT REQUEST VOUCHER**

Minnesota Annual Conference UMC  
Attn: Accounts Payable  
122 W Franklin Ave Ste 400  
Minneapolis MN 55404-2453

PAY TO: \_\_\_\_\_  
*(please print)*

Address \_\_\_\_\_

Date Expense Incurred \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Ministry Area \_\_\_\_\_

Project #	Account # (XXX-XXX-XXXXXX)	Description/Purpose	Amount
	- -		\$
	- -		\$
	- -		\$

**\*\*\*Attach receipts or invoices.\*\*\*  
Vouchers without receipts or invoices  
will not be paid**

**TOTAL REIMBURSEMENT** \$

I certify that these expenses were incurred by me on behalf of the Minnesota Annual Conference.

**CHECK PROCESSING INSTRUCTIONS:**

- Send attached items with check
- Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNED** \_\_\_\_\_  
*(Volunteer or Elected Leader) (date)*

**APPROVED** \_\_\_\_\_  
*(Steward or Team Leader) (date)*

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