

**VOLUNTEER AND ELECTED LEADER MEETING
EXPENSE VOUCHER** (rev 1/23)

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

PAY TO _____
(please print)

Address: _____

Food--up to \$7/meal or \$12/day \$ _____

Travel--miles _____ @ .393 per mile Dependent \$ _____

Care--max. \$10 for 1 or \$15 for 2 per day Lodging--
max. \$84 per day \$ _____

Other _____ \$ _____

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

Receipts required for all expenditures except mileage
Subtotal \$ _____

SIGNED _____
(Volunteer or Elected Leader) (date)

Please deduct this amount from my reimbursement as part of my contribution to the work of this conference unit. \$(_____)

(For contributions of total reimbursement, a receipt will be sent to you. For partial contribution, please use your check stub as receipt.)

Meeting Date _____

Meeting Location _____

Name of Group _____

Ministry Area _____

NET REIMBURSEMENT \$ _____

Approved by _____
(Steward or Team Leader) (date)

| Account info | Purpose or Description |
|--------------|------------------------|
| category: | |
| department: | |