

**VOLUNTEER AND ELECTED LEADER  
MEETING EXPENSE VOUCHER (rev 01/19)**

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 \_\_\_\_\_ @ .348 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)*

Meeting Date \_\_\_\_\_

Meeting Location \_\_\_\_\_

Name of Group \_\_\_\_\_

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

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.)

**NET REIMBURSEMENT** \$ \_\_\_\_\_

Approved by \_\_\_\_\_  
*(Steward or Team Leader) (date)*

Account # (xxx-xxx-xxxxxx)	Purpose or Description
- -	
- -	

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