

Circuit Elder

Travel/Expense Voucher

Arkansas Conference, The United Methodist Church

P.O. Box 3611

Little Rock, AR 72203-3611

Telephone: (501) 324-8020 • Fax: (501) 324-8043

Email: finance@arumc.org

Charge Conference _____

Peer Training Group _____

Clergy Visit _____

PLEASE TYPE OR PRINT ALL INFORMATION

RECEIPTS FOR ALL EXPENSES MUST BE ATTACHED

*use reverse side for further explanation of expenses.

Date _____

Pay to the Order of _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

DATE:	TRAVEL TO:	TRAVEL FROM:	MILEAGE	Postage, Printing, Telephone	Other:
			Total:		

Signature _____

Requester

Signature _____

Director, Center for Vitality

For Treasurer's Office Use Only:

Mileage: _____ x \$0.545 = \$_____

Account	Department	Sub-Department	Amount
	RLC : CFV	Circuit Elder Travel & Training Center for Vitality	
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Signature _____

Director, Administrative Services

Total Paid: _____