

Circuit Elder 2020-2021 Travel Voucher

Date _____

Pay to the Order of _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

DATE:	TRAVEL TO:	TRAVEL FROM:	MILEAGE
		Total:	

Signature _____
Requester

Signature _____
District Superintendent

Mail or Email to your District office:

Central District, 4 Country Club Circle, Box 3, Suite 103, Maumelle, AR 72113

Telephone: (501) 851-1433 • Fax: (877) 867-5308 or Email: melanie.churchill@arumc.org

Northeast District, PO Box 2415, Batesville, AR 72503-2415

Telephone: (870) 793-5247 • Fax: (870) 793-5248 or Email: lbusby@arumc.org

Northwest District, 4010 Grand Avenue, Fort Smith, AR 72904

Telephone: (479) 783-0385 • Fax: (479) 783-0427 or Email: bneighbors@arumc.org

Southeast District, PO Box 6607, Pine Bluff, AR 71611

Telephone: (870) 536-8806 • Fax: (501) 613-0652 or Email: astephens@arumc.org

Southwest District, 904 Caddo Street, Arkadelphia, AR 71923

Telephone: (870) 230-1118 • Fax: (870) 230-1148 or Email: cparker@arumc.org

For Treasurer's Office Use Only:

Mileage: _____ x \$0.575 = \$ _____

Account	Department	Sub-Department	Amount
5740	Districts:	DS Travel: Circuit Elder Travel	
5745	Districts:	DS Travel: Circuit Elder Travel	

Total Paid: _____

Director, Administrative Services