

2019 Travel/Expense Voucher
Arkansas Conference, The United Methodist Church

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PLEASE TYPE OR PRINT ALL INFORMATION
RECEIPTS FOR ALL EXPENSES MUST BE ATTACHED

Event/Meeting _____ Date _____

Pay to the Order of _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

DATE:	TRAVEL TO:	TRAVEL FROM:	MILEAGE	MEALS	LODGING

_____ \$ _____ Honorarium for _____

_____ \$ _____ Taxi, Tolls, Parking, Tips

_____ \$ _____ Postage, Printing, Telephone

_____ \$ _____ Other: _____

_____ \$ _____ TOTAL EXPENSES

_____ < _____ > <ADVANCE AMOUNT>

_____ \$ _____ Total Amount due Payee

Signature _____ Signature _____
Requester *Chairperson or Authorized Member*

Signature _____ Signature _____
ADM *Treasurer*

For Treasurer's Office Use Only:		
Department	Sub-department	Account

Mileage: _____ x \$0.575 = \$ _____ **Total Paid:** \$ _____