2019 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

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 (__) ________________

<table>
<thead>
<tr>
<th>DATE</th>
<th>TRAVEL TO:</th>
<th>TRAVEL FROM:</th>
<th>MILEAGE</th>
<th>MEALS</th>
<th>LODGING</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

$ __________ 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:

<table>
<thead>
<tr>
<th>Department</th>
<th>Sub-department</th>
<th>Account</th>
</tr>
</thead>
</table>

Mileage: _______ x $0.575 = $ __________
Total Paid: $ __________