

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 \$0.58 = \$ _____

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

Signature _____

Director, Administrative Services

Total Paid: _____