

TRAVEL EXPENSE REIMBURSEMENT

VIRGINIA ANNUAL CONFERENCE - UNITED METHODIST CHURCH
P O BOX 5606, GLEN ALLEN, VA 23058

COUNCIL, BOARD or PROGRAM _____

PAYEE <i>Please Print Legibly</i>	NAME: _____	<input style="width: 100%;" type="checkbox"/>	Check if new address
	ADDRESS: _____		
	CITY: _____	STATE: _____	ZIP: _____

DATE	DESTINATION	PURPOSE
Breakfast on the date of departure from home or office and dinner on the date of return are not allowable expenses (unless you return after 7:00 p.m.). Reimbursement for room charges will be made if travel of over three hours is required before the starting time of 10:00 a.m. on the day of the meeting. Receipts should be attached to this form. They will be maintained for audit purposes by the Treasurer's Office.		
	ACCOUNT NUMBER	AMOUNT
Acct Title:	_____	_____
Rate Per Mile \$0.29 x _____ miles		_____
PUBLIC TRANSPORTATION (describe) - RECEIPT REQUIRED		
Tolls/Parking	_____	_____
MEALS: breakfast [] lunch [] dinner [] RECEIPTS REQUIRED		_____
LODGING: _____ (RECEIPT REQUIRED - \$100 PER DAY LIMIT)		_____
OTHER (describe)		_____
_____		_____
		TOTAL: \$ _____

SIGNATURE OF PERSON REQUESTING REIMBURSEMENT: _____ APPROVED BY: _____

Please submit to person responsible for authorization of funds before sending to Treasurer's Office