

Personal Expense Voucher
UNITED METHODIST RIO TEXAS CONFERENCE

Date*: _____

Account #: _____

Name of Board, Commission or Committee issuing voucher _____

To the Conference Treasurer:

From the funds appropriated to the above Board, Commission or Committee, please pay to:

Name: (Please Print) _____

Street or Box No. _____ City, State & Zip Code _____

Purpose: _____

For Travel: # miles: _____ @ \$.40 per mile \$ _____

Lodging: # of nights _____ @ _____ \$ _____
(100% of contracted hotel cost** or maximum \$84 at non-contracted hotel)

Meals: _____ \$ _____
(Limit \$3.00 Breakfast, \$7.00 Lunch or Dinner)

Child Care: _____ \$ _____
(Limit \$30.00 1st Child, \$20.00 each additional child)

**ITEMIZED RECEIPTS FOR
HOTEL • AIRFARE
REQUIRED**

TOTAL REIMBURSEMENT: \$ _____

Approved By: _____
(Chair, Secretary or Staff Representative)

Recipient's Signature: _____

*Voucher must be received no later than 60 days after event.

**Conference meeting organizer will provide contracted hotel information.