

**EXPENSE VOUCHER**  
**HOLSTON CONFERENCE OF THE UNITED METHODIST CHURCH**  
**P.O. Box 850**  
**Alcoa, TN 37701-0850**

Due Date: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

***Please Print***

Payable To: _____	Vendor Code: _____
Mail To: _____	( if someone other than payee)
Street/box: _____	
City: _____	

Agency/Event \_\_\_\_\_

Meeting Place \_\_\_\_\_ Date: \_\_\_\_\_

***VOUCHERS MUST CONTAIN THE FOLLOWING INFORMATION FOR PAYMENT***

- \*A copy of the receipt or invoice must be attached
- \*Agency chair / director must include 3 digit department number and 9 digit account number
- \*Submit voucher with original signatures to Conference Finance Office

DEPT / ACCOUNT	DESCRIPTION	AMOUNT
	Mileage: for Staff @ \$0.485	
	Mileage: for Volunteer @ \$0.14	
	Mileage: Per Passenger @ \$0.02	
	Meals:	
	Lodging:	
	Other:	
	<b>TOTAL</b>	<b>\$</b>

\_\_\_\_\_  
Signature of Person Requesting Reimbursement

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval by Director/Chair

\_\_\_\_\_  
Date

***Checks are processed weekly on Tuesday and Friday.***