

**MISSOURI CONFERENCE UNITED METHODIST WOMEN  
Expense Voucher**

Dates	Meetings Attended

**PLEASE CHECK APPLICABLE TITLE  
(District Officers – Please include your office and your district)**

Executive Committee \_\_\_\_\_ Committee Member \_\_\_\_\_ Other \_\_\_\_\_  
 District Officer \_\_\_\_\_  
 Guest on Invitation of \_\_\_\_\_  
 Other reason for attendance \_\_\_\_\_

Please explain all incidentals	_____
	_____
	_____

<b>Transportation (Include names of passengers):</b>	
Car: _____ @ .25 per mile (miles) Passenger @ .02 per mile each _____ _____	_____
Taxi: _____	_____
Airfare: _____	_____
<b>Lodging:</b>	_____
<b>Meals:</b>	_____
<b>Postage:</b>	_____
<b>Telephone:</b>	_____
<b>Copying/Printing:</b>	_____
<b>Supplies/Materials:</b>	_____
<b>Other:</b> _____ (Explanation)	_____
<b>TOTAL EXPENSES</b>	_____

**\*\*\*RECEIPTS ARE REQUIRED FOR ALL EXPENSES EXCEPT MILEAGE\*\*\***

Date Submitted	Name	
	Address	
	City, State, Zip	
	Telephone	
	Facsimile	
	E-mail	

<b>OFFICIAL USE ONLY</b>
Approved by President
Approved by Vice President
Approved by Secretary
Date/Approved by Treasurer
Check No.