

**2018 Travel/Expense Voucher**  
**Arkansas Conference, The United Methodist Church**

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PLEASE TYPE OR PRINT ALL INFORMATION  
RECEIPTS FOR ALL EXPENSES MUST BE ATTACHED

Event/Meeting \_\_\_\_\_ Date \_\_\_\_\_

Pay to the Order of \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

DATE:	TRAVEL TO:	TRAVEL FROM:	MILEAGE	MEALS	LODGING

\_\_\_\_\_ \$ \_\_\_\_\_ Honorarium for \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ Taxi, Tolls, Parking, Tips

\_\_\_\_\_ \$ \_\_\_\_\_ Postage, Printing, Telephone

\_\_\_\_\_ \$ \_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ TOTAL EXPENSES

\_\_\_\_\_ < \_\_\_\_\_ > <ADVANCE AMOUNT>

\_\_\_\_\_ \$ \_\_\_\_\_ Total Amount due Payee

Signature \_\_\_\_\_ Signature \_\_\_\_\_  
*Requester* *Chairperson or Authorized Member*

Signature \_\_\_\_\_ Signature \_\_\_\_\_  
*ADM* *Treasurer*

<b>For Treasurer's Office Use Only:</b>			
Department	Sub-department	Program	Account
Mileage: _____ x \$0.545 = \$ _____		<b>Total Paid:</b> \$ _____	