

AGENCY TRAVEL EXPENSE VOUCHER

California-Nevada Annual Conference of The United Methodist Church

For Office use Only. Account # _____

AGENCY: _____

MEETING DATE: _____

PLACE OF MEETING: _____

1. One agency member in car:
Round trip mileage _____ @ \$.15 per mile \$ _____
2. Two or more agency members in car:
Round trip mileage _____ @ \$.20 per mile \$ _____
Name(s) of passengers: _____

3. Bridge Tolls \$ _____
4. Parking Expense \$ _____
5. Round Trip Bus Fare \$ _____
6. Round Trip Plane Fare Including Travel to Airports \$ _____
7. Meals While Away From Home \$ _____
8. Lodging (Maximum \$30 per night) \$ _____
9. Dependent Care (up to \$4.00 per hour; maximum \$32 per day) \$ _____

TOTAL EXPENSE: \$ _____

Print Name: _____

Address: _____

City/State/Zip Code: _____

Signature: _____

Approved for Agency:

By: _____

Title: _____

NOTE: MAIL THIS VOUCHER TO:

CONFERENCE FINANCE OFFICE
PO BOX 980250
WEST SACRAMENTO, CA 95798-0250
(916) 374-1518

OR E-MAIL TO: karenf@calnevumc.org