

EXPENSE VOUCHER
HOLSTON CONFERENCE OF THE UNITED METHODIST CHURCH
P.O. Box 32939
Knoxville, TN 37930-2939

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:	
	TOTAL	\$

Signature of Person Requesting Reimbursement

Date

Approval by Director/Chair

Date

Checks are processed weekly on Tuesday and Friday.