

**The Alaska United Methodist Conference
Reimbursement Voucher**

Pay To:

Name *(please print or type)*

Address

City, State, Zip Code

Board/Agency:

(Budget category/line item to be charged)

Meeting Dates:

Hotel/Motel: *(attach receipts)*

Meals: *(attach receipts)*

Transportation: Airfare *(attach flight receipt)*

Auto Round Trip _____ Miles @ 14 cents per mile

(Note: visit www.irs.gov for current standard mileage rates as they do change)

(Note: reimbursement above IRS volunteer rate is subject to Income Tax)

Other: *(specify and attach receipts or invoice)*

TOTAL

Approved:

(Committee Chairperson)

Date

Approved:

(Conference Superintendent, Staff Executive)

Date

Send to:

Alaska United Methodist Conference Treasurer

PO Box 13650

Des Moines, WA 98198

Account # _____

Treasurer's Initials _____