

EXPENSE VOUCHER 2021  
Mountain Sky Conference  
United Methodist Women

Please reimburse: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Office: \_\_\_\_\_

\_\_\_\_\_

District: \_\_\_\_\_

**EVENT/PROGRAM:** \_\_\_\_\_

**TRAVEL:**

Plane Ticket: \_\_\_\_\_

Mileage: \_\_\_\_\_

List of conference and district officers in the car:

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Distance from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_

X 2

Round Trip Total \_\_\_\_\_

(\$ .30/mile if 3 or more officers in the car)

X \$.20

**TOTAL MILEAGE EXPENSE** \_\_\_\_\_

**LODGING: TOTAL COST**

Total number of nights: \_\_\_\_\_ @ \_\_\_\_\_ = \_\_\_\_\_

The \$ per night will be provided or filled in for you.

**MEALS:**

Breakfast - \$4: x \_\_\_ = \_\_\_    Lunch - \$6: x \_\_\_ = \_\_\_    Dinner - \$8: x \_\_\_ = \_\_\_

On Dates: \_\_\_\_\_

**TOTAL AMOUNT FOR MEALS:** \_\_\_\_\_

**OTHER EXPENSES:**

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**GRAND TOTAL:** \_\_\_\_\_

Return to: Robin Ball

P.O. Box 4960 Pagosa Springs, CO 81157

**PLEASE ATTACH ALL RECEIPTS AND MILEAGE VERIFICATION**

Approved for payment: \_\_\_\_\_

Date: \_\_\_\_\_

President: \_\_\_\_\_

Check number: \_\_\_\_\_

Secretary: \_\_\_\_\_

Treasurer: \_\_\_\_\_