

Coaches

Travel/Expense Voucher

Arkansas Conference, The United Methodist Church

P.O. Box 3611

Little Rock, AR 72203-3611

Telephone: (501) 324-8020 • Fax: (501) 324-8043

Email: finance@arumc.org

Coach Training Group	_____
Clergy Visit	_____
Congregational Visit	_____

PLEASE TYPE OR PRINT ALL INFORMATION

RECEIPTS FOR ALL EXPENSES MUST BE ATTACHED

*use reverse side for further explanation of expenses.

Date _____

Pay to the Order of _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

DATE:	TRAVEL TO:	TRAVEL FROM:	MILEAGE	Postage, Printing, Telephone	Other:
			Total:		

Signature _____

Requester

Signature _____

Director

For Treasurer's Office Use Only:

Mileage: _____ x \$0.535 = \$ _____

Acct. Name: _____

Acct.# _____

\$ _____

Acct. Name: _____

Acct.# _____

\$ _____

Acct. Name: _____

Acct.# _____

\$ _____

Signature _____

Treasurer

Total Paid:

\$ _____