

# Circuit Elder

## 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

Charge Conference	_____
Peer Training Group	_____
Clergy 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, Center for Vitality*

### For Treasurer's Office Use Only:

Mileage: \_\_\_\_\_ x \$0.545 = \$ \_\_\_\_\_

Account	Department	Sub-Department	Program	Amount
	RLC	Center for Vitality	Circuit Elder	
	RLC	Center for Vitality	Circuit Elder	
	RLC	Center for Vitality	Circuit Elder	

Signature \_\_\_\_\_

*Director, Administrative Services*

**Total Paid:** \_\_\_\_\_