

**ALASKA MISSIONARY CONFERENCE
THE UNITED METHODIST CHURCH
DISBURSEMENT VOUCHER**

Return to:
Seattle Area/PNW Conference
PO Box 13650
Des Moines WA 98198

PAY TO: _____
NAME *(please print or type)*

ADDRESS

CITY STATE ZIP

BOARD/AGENCY: _____
(Budget category/line item to be charged)

MEETING DATES: _____

HOTEL/MOTEL: *(attach bills)* \$ _____

MEALS: # _____ **Dates:** _____ \$ _____

TRANSPORTATION:
Airfare *(attach flight coupon)* \$ _____
Auto Round Trip _____ Miles @25cents per mile \$ _____
(Note: reimbursement above IRS volunteer rate is subject to Income Tax)

TELEPHONE TOLL CALLS \$ _____

SUPPLIES/EQUIPMENT: *(specify and attach bills or invoice)* \$ _____

OTHER: *(specify and attach bills or invoice)* \$ _____

TOTAL \$ _____

APPROVED: _____ (CHAIR, MANAGER, DEAN)	DATE: _____
APPROVED: _____ (STAFF EXECUTIVE)	DATE: _____
	ACCOUNT #: _____

VOUCHER #: _____

TREASURER'S INITIAL: _____