

# AGENCY TRAVEL EXPENSE VOUCHER

California-Nevada Annual Conference of The United Methodist Church

For Office use Only. Account # \_\_\_\_\_

AGENCY: \_\_\_\_\_

MEETING DATE: \_\_\_\_\_

PLACE OF MEETING: \_\_\_\_\_

1. One agency member in car:  
Round trip mileage \_\_\_\_\_ @ \$.15 per mile \$ \_\_\_\_\_
2. Two or more agency members in car:  
Round trip mileage \_\_\_\_\_ @ \$.20 per mile \$ \_\_\_\_\_  
Name(s) of passengers: \_\_\_\_\_  
\_\_\_\_\_
3. Bridge Tolls \$ \_\_\_\_\_
4. Parking Expense \$ \_\_\_\_\_
5. Round Trip Bus Fare \$ \_\_\_\_\_
6. Round Trip Plane Fare Including Travel to Airports \$ \_\_\_\_\_
7. Meals While Away From Home \$ \_\_\_\_\_
8. Lodging (Maximum \$30 per night) \$ \_\_\_\_\_
9. Dependent Care (up to \$4.00 per hour; maximum \$32 per day) \$ \_\_\_\_\_

TOTAL EXPENSE: \$ \_\_\_\_\_

Print Name: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Approved for Agency:

By: \_\_\_\_\_

Title: \_\_\_\_\_

NOTE: MAIL THIS VOUCHER TO: CONFERENCE FINANCE OFFICE  
PO BOX 980250  
WEST SACRAMENTO, CA 95798-0250  
(916) 374-1518

OR E-MAIL TO: [karenf@calnevumc.org](mailto:karenf@calnevumc.org)

**\*\*\* Please attach all supporting receipts, documents, or meeting minutes for prompt reimbursement. Not attaching appropriate supporting documentation may delay your reimbursement.**