

**2020 PER DIEM  
MAXIMUM \$340/\$170 PER NIGHT**

**Virginia United Methodist Conference  
Attn: Accounts Payable  
P. O. Box 5606  
Glen Allen, VA 23058**

**PAYEE:**

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE:

DESTINATION

PURPOSE

\_\_\_\_\_ Roanoke, VA Annual Conference Session

Automobile travel will be reimbursed at the rate of \$ .29 per mile. Meals are reimbursed at actual costs, not to exceed \$20 per 24-hour period. Breakfast on the date of departure from home or office and dinner on the date of return are not allowable expenses (unless you return after 7:00 p.m.). A copy of your hotel bill **must** accompany this request and will be maintained for audit purposes by the Treasurer's Office. Spouse expense(s) is not allowable.

NUMBER OF DAYS ATTENDED: \_\_\_\_\_

AUTOMOBILE TRAVEL: Miles Traveled: \_\_\_\_\_ x .29 \$ \_\_\_\_\_

MEALS: Breakfast ( ) Lunch ( ) Dinner ( ) \_\_\_\_\_

LODGING: \_\_\_\_\_ (Attach Receipt) \_\_\_\_\_

OTHER: (Describe) \_\_\_\_\_

ACCOUNT NO. 200-71805-2120 **TOTAL** \$ \_\_\_\_\_

\_\_\_\_ Retired Clergy \_\_\_\_ First Time Appointment Other: \_\_\_\_\_

SIGNATURE OF PERSON  
REQUESTING REIMBURSEMENT:

TREASURER'S OFFICE  
APPROVED BY:

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

**REIMBURSEMENT REQUESTS WILL NOT BE ACCEPTED AFTER 7/31/2020.**

# VIRGINIA UNITED METHODIST CONFERENCE

TREASURER'S OFFICE

P O BOX 5606

GLEN ALLEN, VA 23058

## EFT Request Form

The Virginia Conference is moving towards Electronic Funds Transfer (EFT) for all reimbursements and payments. This allows us to deposit your reimbursement or payment directly to your bank account and will enable us to save up to 50 cents per transaction. If you want notification of your deposit, provide your email address below. Please attach a voided check to this request and write in the routing and account information found at the bottom of your check. This information will be kept confidential. Thank you!

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

Phone no.: \_\_\_\_\_

Email address: \_\_\_\_\_

|: \_\_\_\_\_ |: \_\_\_\_\_

(Bank Routing Number)

(Bank Account Number)

David Dommissie, Conference Treasurer

*\*Attach a voided check so we can confirm the bank routing number and account*

**VOID CHECK**