2023 PER DIEM MAXIMUM \$600/\$200 PER NIGHT

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

Or email with all backup receipts to: acap@vaumc.org

PAYEE: NAME:				
STREET:				
CITY:	STATE: _		ZIP	
DATES:	DESTINATION		PURPOSE	
	Roanoke, VA		Annual Conference Session	
Automobile travel will be reimbursed at the rate of \$.33 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) are not allowable.				
NUMBER O	F DAYS ATTENDED:			
AUTOMOBILE TRAVEL: Miles Traveled: x \$0.33				
MEALS: Breakfast () Lunch () Dinner ()				
LODGING:	(Atta	nch Receipt)		
OTHER: (Describe)				
ACCOUNT N	NO. 10-02120 61520	TOTAL	\$	
Retired Clergy First Time Appointment Other:				
	E OF PERSON IG REIMBURSEMENT:		URER'S OFFICE VED BY:	
Date:				

REIMBURSEMENT REQUESTS WILL NOT BE ACCEPTED AFTER 7/31/2023.

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 Dommisse, Conference Treasurer	
*Attach a voided check so we can confirm the b	