

**2024 ANNUAL CONFERENCE 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
_____	<u>Hampton, VA</u>	<u>Annual Conference Session</u>

Automobile travel will be reimbursed at the rate of \$.34 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 OF DAYS ATTENDED: _____		
AUTOMOBILE TRAVEL: Miles Traveled: _____ x \$0.34	\$	_____
MEALS: Breakfast () Lunch () Dinner ()		_____
LODGING: _____ (Attach Receipt)		_____
OTHER: (Describe) _____		
ACCOUNT NO. 10-02120 61520	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 7/31/2024.

VIRGINIA UNITED METHODIST CONFERENCE

TREASURER'S OFFICE

P O BOX 5606

GLEN ALLEN, VA 23058

804-521-1100

Email: acap@vaumc.org

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 at no cost to you. If you want notification of your deposit, please provide your email address below. We ask that you attach a voided check, deposit slip, or bank letter to this request as confirmation of your bank and routing numbers. This information will be kept confidential. **We will use this info for payment going forward, so please be sure to contact us with any changes!** The form can be mailed or emailed using the above addresses.

Name: _____

Address: _____

Phone number: _____

EFT Notification Email address: _____

Bank Name: _____

|: _____ |: _____
(9-digit Bank Routing Number) (Bank Account Number)

David Domnisse, Conference CFO and Treasurer

**Attach a voided check, deposit slip or bank letter so we can confirm the bank routing number and account.*

VOID CHECK, DEPOSIT SLIP OR BANK LETTER