**Mission Rivers District Members Reimbursement Form for DISTRICT LAY MEMBERS**

ANNUAL CONFERENCE 2024

Hampton, VA June 20-22, 2024

Each District Lay Member (At Large or Appointed) is allowed up to $600 in expenses. Any expenses you have above $600 may be counted as charitable contributions for tax purposes. All requests for reimbursement must be turned in no later than August 1, 2024.

**Receipts are required for everything. Exception:** We understand that food from a food cart or an organized dinner may not come with a receipt. Just make a note that a receipt was not available on voucher. Lodging receipts may be copied and attached to more than one voucher if a room is shared by Lay Members. Indicate your share of the room, name of roommate sharing the room on your receipt and voucher. If one person paid for the entire room, the other person(s) would not claim anything under lodging. If you ride with someone else and are splitting the cost, indicate on the voucher the name of the person(s) sharing the cost.

**Please staple or tape meal and travel receipts to blank pages according to date, fitting as many on a page as can be read clearly.**

1. Please do not send in loose receipts in a stack – see above.
2. Please do not claim alcohol or tobacco for reimbursement. If alcohol is shown on a receipt, subtract that amount and indicate the revised amount claimed so that it matches the voucher.
3. Please claim what **you** actually spent on a meal. Do not simply divide the receipt total by the number of people eating. If the receipt is shared, indicate the total amount for you so that it matches the voucher.
4. Write the tip on the receipt (if it isn’t shown) so that it matches the voucher
5. If a receipt is illegible, please write in the date and amount clearly so that it matches the voucher.

Scanned/email travel vouchers that meet the instructions above are fine. Do not scan and email one receipt at a time – use the staple/tape method above with several receipts on one page, by date.

Mail completed Reimbursement Form (with receipts) to:

Mission Rivers District; PO BOX 400, Montpelier, VA 23192 or email to [Lynnmanley@vaumc.org](mailto:Lynnmanley@vaumc.org).

ALLOW Two weeks after form is received for reimbursement.

**Indicate method you wish to be reimbursed: Check \_\_\_\_\_\_\_\_ EFT \_\_\_\_\_\_\_\_**

**If EFT, please complete the MRD EFT Form and send with this Expense Reimbursement Form.**

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

MAILING ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: (\_\_\_\_)\_\_\_\_\_\_\_-\_\_\_\_\_\_\_ E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

MILEAGE: (reimbursement is based on mileage not for gasoline purchased)

\_\_\_\_\_\_\_\_\_\_\_\_\_Miles @. 14 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LODGING: (attach receipts or copies) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If room is shared, name of roommate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tolls/Parking/Public Transit (attach receipts or copies) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meals (attach receipts/copies or explanation)

Day 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Expenses not listed above (attach receipts and explain here):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Amount: (maximum $600) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Approved by District \_\_\_\_\_\_\_\_\_\_\_\_