



Council on Finance and Administration  
 Western NC Conference of  
 The United Methodist Church

**Travel Expense Report**

Print Name \_\_\_\_\_ Address \_\_\_\_\_

Signature \_\_\_\_\_

Date	Purpose	Place
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Include only items paid personally. Attach receipts for all items in excess of \$10.00.

Auto ( \_\_\_\_\_ miles @ &.51 per mile) = \$ \_\_\_\_\_ \$ \_\_\_\_\_

Lodging ..... \$ \_\_\_\_\_

Meals (including tips) ..... \$ \_\_\_\_\_

Telephone and postage ..... \$ \_\_\_\_\_

Tips ..... \$ \_\_\_\_\_

Miscellaneous ..... \$ \_\_\_\_\_

(Additional explanation may be made on the back of this statement)

**Total \$**

<b><i>Treasurer's Office use only</i></b>	
<b>Approved for Payment</b>	
By _____	Date _____
Account # _____	Amount _____

**Mail to:**  
 Treasurer's Office  
 Western NC Conference Center  
 PO Box 18005  
 Charlotte NC 28218