



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.**

Auto (\_\_\_\_\_ miles @ \$ \_\_\_\_\_ per mile) = \$ \_\_\_\_\_

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

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

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

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

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

(Additional explanation may be made on the back of this statement) Total: \$ \_\_\_\_\_

<b>Treasurer's Office use only</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