



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

**Charge to: 1-000-30037
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: \$ _____

Treasurer's Office use only
Approved for Payment

By _____ Date _____

Account # _____ Amount _____

Mail To:
Treasurer's Office
Western NC Conference Center
PO Box 2757
Huntersville, NC 28070-2757