

VOLUNTEER EXPENSE REIMBURSEMENT FORM

Minnesota Conference United Church of Christ

Please attach ORIGINAL invoice or receipt.

| Date | Description | Purpose related to Conference | Amount | Code | Cmtte |
|------|-------------|-------------------------------|--------|------|-------|
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Total Expense _____

() Receipt requested Donate this amount to the work of the committee _____

Reimburse this amount _____

Reimburse to:
 Name _____
 Address _____

Authorized by: _____ Chair
 _____ Staff

Signature _____
 Date: _____

*****Date Submitted _____

Codes:

Conference 101
 Pilgrim Point 105

Committees

| | |
|--------------------------|-----------------------------|
| Bd. Of Directors 100 | Stewardship 118 |
| AMPC 102 | Planned Giving 119 |
| Finance 104 | Search 120 |
| Emmaus Anti-Racism 105 | Youth 122 |
| Personnel 106 | Christian Ed 123 |
| COM 108 | Planning & Eval 128 |
| Outdoor Ministries 110 | Prof. Dev. Of Auth. Min 132 |
| Nominating 112 | Spiritual Dev. 140 |
| Church Develop. 114 | Response Team 145 |
| Evangelism 115 | Other _____ |
| Justice and Witness 116 | |

Workshops and Events

Annual Meeting 200
 Boundaries 210
 Clergy Convocation 220
 Pre-Retire 240
 Other

Mail to Conference Office for reimbursement at: 122 W. Franklin Ave., Room 323, Minneapolis, MN 55404

*** Please note: Finance Committee Policy is that forms must be submitted within 60 days of incurring the expense in order to be paid. Thank you for your timely submission.**