

**2015 PER DIEM
MAXIMUM \$200/\$100 PER NIGHT**

**Virginia Annual Conference
United Methodist Church
Per Diem
P. O. Box 5606
Glen Allen, VA 23058**

PAYEE:		
NAME: _____		
STREET: _____		
CITY: _____	STATE: _____	ZIP _____

DATE: _____	DESTINATION: <u>Roanoke, VA</u>	PURPOSE: <u>Annual Conference Session</u>
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Automobile travel will be reimbursed at the rate of \$.14 per mile. Meals are reimbursed at actual costs, not to exceed \$20 per 24-hour period. Breakfast on the date of departure from home or office and dinner on the date of return are not allowable expenses (unless you return after 7:00 p.m.). A copy of your hotel bill **must** accompany this request and will be maintained for audit purposes by the Treasurer's Office. Spouse expense(s) is not allowable.

NUMBER OF DAYS ATTENDED: _____		
AUTOMOBILE TRAVEL: Miles Traveled: _____ x .14		\$ _____
MEALS: Breakfast () Lunch () Dinner ()		_____
LODGING: _____ (Attach Receipt)		_____
OTHER: (Describe) _____		
ACCOUNT NO. 200-71805-2120	TOTAL	\$ _____

____ Retired Pastor ____ First Time Appointment Other: _____

SIGNATURE OF PERSON
REQUESTING REIMBURSEMENT:

TREASURER'S OFFICE
APPROVED BY:

Date: _____

REIMBURSEMENT REQUESTS WILL NOT BE ACCEPTED AFTER JULY 31, 2015

June 19, 2015

The Virginia Conference is processing all reimbursements through Electronic Funds Transfer (EFT). This allows us to deposit your reimbursement directly to your bank account. We will mail you an EFT notice when your deposit has been made. Simply write in the information found at the bottom of your checking account below and send it in with your Per Diem Voucher Request. This information will be kept confidential.

Thank you!

(Bank Routing Number)

(Bank Account Number)

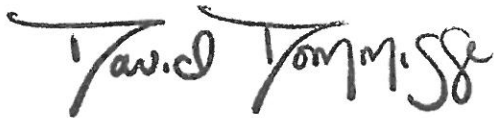
Your name: -----

Your bank name: -----

Your email address: -----

If we already have your email and bank account on file from last year and nothing has changed, do not resubmit.

David Dommissie, Conference Treasurer



**Attach a voided check so we can confirm the bank routing number and account.*

