

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

Total Expense _____

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

Reimburse this amount _____

Reimburse to:

Name _____
 Address _____

Authorized by:

_____ Chair
 _____ Staff

*****Date Submitted _____

Signature _____
 Date: _____

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.**

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