

EXPENSE REIMBURSEMENT/DONATION REQUEST

Montana-Northern Wyoming Conference UCC
2016 Alderson Avenue – Billings, Montana 59102

NAME _____

ADDRESS _____ CITY/STATE/ZIP _____

MEETING TYPE, DATE & PLACE _____

TRAVEL

CAR (individual driver)	_____ Miles @ .25	\$ _____
CAR (two or more participants in car)	_____ Miles @ .30	\$ _____
TRAVEL TOTAL		\$ _____

FOOD, LODGING AND OTHER

FOOD (maximum \$7 per meal)	\$ _____
LODGING (maximum \$30 per night)	\$ _____
OTHER (itemize below)	\$ _____
_____	\$ _____

TOTAL EXPENSES	\$ _____
LESS CONTRIBUTION TO CONFERENCE	\$ _____
TOTAL DUE SELF	\$ _____

Check here to acknowledge a contribution of unreimbursed expenses as listed above.

Signed _____ Date _____