



Central Bay District

Michigan Conference

THE UNITED METHODIST CHURCH

VOUCHER FOR REIMBURSEMENT

TODAY'S DATE:

REIMBURSE TO:

MAIL REIMBURSEMENT TO:

ACCOUNT(S) TO CHARGE:

- | | | |
|-------------------------|------------------------------|----------------------------|
| Administration & Office | CARE Team | Children's Ministry |
| Church Ministry Grants | Clergy Support/Pulpit Supply | Community Connection |
| District Conference | District Events (Other) | DS Discretionary Fund |
| Lay Servant Ministries | Missions | Staff Continuing Education |
| Staff Travel | Young Adult Ministry | Youth Ministry |
| Other: | | |

DESCRIPTION OF PURCHASE(S): *(Please provide cost breakdown if you chose more than 1 account above.)*

TOTAL REIMBURSEMENT AMOUNT: \$

I have attached all related receipts/invoices for this reimbursement request. Without this documentation and signatures (below), the reimbursement cannot be processed.

SUBMITTED BY SIGNATURE

DATE

APPROVED BY SIGNATURE (CHAIRPERSON OR DS)

DATE

**Return this form to Melanie Zalewski, treasurer@centralbayumc.org,
or mail to Central Bay District UMC, 526 West 14th St. #133, Traverse City, MI 49684.**