



Mountain Sky Conference of The United Methodist Church 2020 Check Request

Make Check Payable To

**Check
Amount**

Name _____
 Address _____
 City, State, Zip _____

\$ -

Mail Check to Address Above

Return Check To:

Submitted By _____

Date _____

Approved By _____

Date _____

(Signature or Approval via email-see attached)

Expenses to be Reimbursed

****Requests for reimbursement must be made no later than 30 days after expense is paid or incurred**

Fund to Charge	Description	GL Codes (Use Drop Down Menu)	Amount
Total			\$ -

Mileage Reimbursement (for Lay and Clergy Members travel to and from Conference Meetings)

****Requests for reimbursement must be submitted within 30 days after conclusion of travel. Please include a MapQuest or Google map substantiating the mileage and list To and From destinations.**

Fund to Charge	Date of Travel	Purpose of Travel	Office Use GL/Loc/Ext Att	Mileage
Total Mileage				0
Less first 50 miles per event				
Net Mileage				0
Rate - \$.14 per mile, excluding the first 50 miles; add \$.05 per mile for each additional rider attending the meeting				0.14
Mileage Reimbursement				\$ -

- * Please include all **detailed** receipts with this form to ensure timely processing of your request.
- * Emailed copies of receipts are acceptable if this form is submitted electronically and receipts are legible.

Please return your completed form to the Finance office via mail or email

Mail: Mountain Sky Conference of the United Methodist Church
Attn: Finance Department
 6110 Greenwood Plaza Blvd
 Greenwood Village, CO 80111

Email: accountspayable@mtnskyumc.org

Questions? Please call Sarah at (303) 389-9488 or Delores at (303) 325-7049