

Please provide the following information on the enclosed voucher for ALL requested reimbursements:

- 1) Name & full address of person to receive the check.
- 2) Expense breakdown as listed on the voucher.
- 3) Total amount of reimbursement requested.
- 4) Name of team, board, committee or area.
- 5) Authorization of chairperson.
- 6) Please sign, **date and attach** all receipts to voucher.
- 7) Please refer to the Conference website for copies of this voucher for future reimbursements.

Please mail each completed voucher to the Conference Office for processing. If there are any questions, please call me at extension 314 or patt@ncnyumc.org