

PER DIEM EXPENSE VOUCHER
2019 ANNUAL CONFERENCE

It is recommended that any person whose expenses to Annual Conference are being paid by a church or other organization not complete a Per Diem request.

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Please indicate if this is a new address since June 2018

Please complete each of the following three fields:

- 1. Check One:** _____ Minister's Surviving Spouse
_____ Retired Clergy
_____ Retired Deaconess
_____ Retired Diaconal Minister
_____ Student Appointed to Attend School
_____ Minister on Less Than Minimum Compensation
_____ Minister on Disability Leave

(Eligibility for benefits is determined according to STATUS UPON ARRIVAL at Annual Conference.)

2. Check days attending AC19: Monday Tuesday Wednesday

3. Check Your County of Residence: _____ Tarrant County = 17.50/day
_____ All Other Counties = \$35.00/day

Signature _____ Date _____

To receive your per diem check at Annual Conference, please complete this form and return to the address below *no later than* May 25, 2019:

Central Texas Conference UMC
Attn: Greg Carey
3200 E. Rosedale Street
Fort Worth, TX 76105

Conference Office Approval

000-92850

Amount of documented expenses to be reimbursed: \$ _____