

PACIFIC NORTHWEST DISTRICT-UUA • EXPENSE VOUCHER

PLEASE PRINT CLEARLY

Date of request: _____

Make check payable to: _____

Complete address to mail check to: _____

Email address and phone number of person submitting voucher: _____

Date, name and location of event: _____

PLEASE NOTE - Reimbursements are made in accordance with PNWD Financial Operating Guidelines.

- Volunteer mileage reimbursed at IRS charitable organization rate of 14¢.
- Meal limits: breakfast \$10, lunch \$14, dinner \$20. Full days (three meals) may aggregate to a maximum of \$44 per day, including tips.
- Alcoholic beverages will not be reimbursed.
- Home hospitality encouraged.
- Hotel reimbursed at half double occupancy rate unless no possibility of sharing a room.
- Housekeeping tip maximum of \$3 per day.
- Receipts (or affidavits) must accompany voucher.
- List all PNWD staff and volunteers included in expenses claimed on this voucher.
- Requests should be submitted within 60 days of incurring an expense.
- Checks are generally issued in the middle and at the end of each month.
- Tax receipts for amounts greater than \$25 may be requested if receipts for donated expenses are provided.
- Financial Operating Guidelines and this voucher are available online at: www.pnwd.org > *print resources*

Expense Date	Specify Type of Expense (indicate # of miles driven, meals, lodging, postage, phone, office supplies, etc.)	Reimbursement Requested
Minus any contribution or previously advanced funds:		
Total reimbursement requested:		

I certify that the above reimbursement request is an accurate and appropriate statement of expenses necessary to conduct business for the Pacific Northwest District of the Unitarian Universalist Association of Congregations.

Signature: _____

Mail completed voucher and receipts to: PNWD-UUA • 12700 SE 32nd Street, Suite E-101 • Bellevue, WA 98005-4317

Questions may be directed to PNWD bookkeeper: bookkeeper@pnwd.org; 800-313-PNWD (7693) or 425-957-9116