



2024 South Central Jurisdiction Conference
Travel / Expenses Reimbursement

Submit reimbursement request and receipts to
Rev. Robert Besser at conference or email to admin@scjumc.org

REPRESENTING CONFERENCE:

Arkansas ___ Central Texas ___ Great Plains ___ Louisiana ___ Missouri ___ New Mexico ___
North Texas ___ Northwest Texas ___ Oklahoma ___ OIMC ___ Rio Texas ___ Texas ___

Committee Member of _____

REIMBURSEMENT CHECK - PLEASE PRINT CLEARLY

Payable To: _____
Address: _____ Email: _____
City: _____ State: ___ Zip: _____ Contact No: _____

PUBLIC TRANSPORTATION and INCIDENTALS

For Auditing Purposes - ALL Receipts Must Be Attached

Airfare Total: \$ _____ Airlines: _____ Departure Date: _____ Return: _____
Other Total: \$ _____ Uber/Lyft: _____ Taxi: _____ Tolls: _____ Parking: _____
Other Total: \$ _____ Details: _____

TRAVEL BY AUTO, CARPOOL, INCIDENTALS

Mileage limited to travel from departure town to SCJ site and return. Transportation from hotel and site will be provided

Auto Total: \$ _____ Miles Driven: _____ x 30 cents - departure town to SCJ site & return.
Delegates carpooled with: _____
Departure Town: _____ Travel Dates: _____ Return: _____
Other Total: \$ _____ Such as tolls: _____

PER DIEM

Please indicate

___ Delegates \$395 ___ Extra Travel Day needed \$95
___ Wednesday AM Committee \$490 ___ Tuesday Committee \$615
Days present Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___

Other Total: \$ _____ Details: _____

TOTAL: \$ _____ REIMBURSEMENT TOTAL

Delegates Signature: _____ Today's Date: _____

APPROVAL TO PROCESS REIMBURSEMENT CHECK

SCJ Authorized Signature: _____ Title: _____

Date Authorized: _____ Account Number: _____