

United Women in Faith

Western North Carolina Conference

Date	Event or Circumstance	#of Miles	Mileage @ \$0.35/mile	Reason for Expense (to/from event, supplies, materials, meals, hotel, postage, printing, etc)	Total Expense

❖ Receipts are required for all expenses except mileage, mileage \$0.35/mile **Total** _____

**Please indicate below Dates and Meetings Attended (Spiritual Growth, Mission u,
Annual Celebration, Leadership Development, etc)**

Date	Meetings Attended

Please indicate Applicable Title:

Executive Committee ____ Committee Member ____ Other _____
Guest at Invitation of _____ Other Reason for Attendance _____

Please Explain All Incidentals:

Contact Information:

Name _____

Mailing Address _____

Telephone # _____ **Email** _____

Send to: WNCC UWFaith Treasurer

Bess Redmond
19 Wright's Cove Trail
Fairview, N C 28730

OFFICIAL USE ONLY:

Approved by President _____

Approved by Treasurer _____

Date _____ Check # _____