



Reimbursement Process:

1. **Fill out the Expense Voucher.**
2. **First-time reimbursement only:** Complete the **Direct Deposit Form** and send it directly to Shanna Pinkerton at finance@uppermidwestgmc.org (***Do not send Direct Deposit Form to your leader***).
3. **Submit for approval:** Send your completed Expense Voucher and ***all receipts*** to your leader for approval.
 - a) **Presiding Elders:** Send to Pastor James Parks or Pastor Ross Reinhiller for approval.
 - b) **Ministry Committee/Team Members:** Send to your ministry leader for approval.
 - c) **Clergy/Churches:** Send to your Presiding Elder for approval.
4. **Leader approval:** Once approved, the leader should sign the Expense Voucher and forward it—***along with the receipts***—to Shanna Pinkerton at: finance@uppermidwestgmc.org.

Please note:

- If received by the finance team by Wednesday, reimbursement will be processed and payment submitted on Friday of the same week.
- If received after Wednesday, the reimbursement will be processed and payment submitted on the Friday of the following week.
- Reimbursements of over **\$2,500** will require additional processing time for **Superintendent approval**.

Thank you for your attention to these procedures and for helping us maintain a smooth reimbursement process.

Upper Midwest Global Methodist Church Conference Finance Team

Expense Voucher

Pay to		
Address		
City	State	Zip

Date & Description of Expense	Account	Amount

Total:

Comments/Notes

Signature of Requestor	Date
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Signature of Approval	Date
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*For payment, expense vouchers need proper support and approval.
 For support, there should be an invoice or detailed receipt.
 Please attach a copy of all invoices/receipts.*

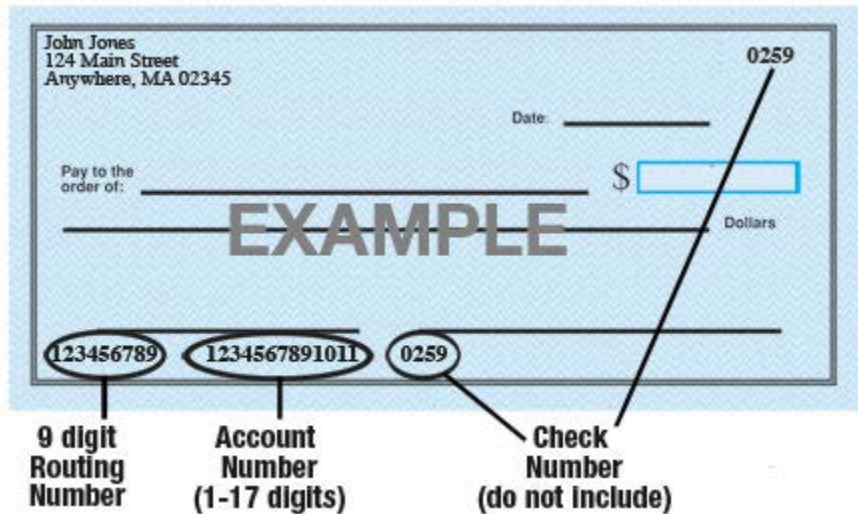
DIRECT DEPOSIT AUTHORIZATION

Please print and complete ALL the information below.

Name: _____

Address: _____

City, State, Zip: _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Type of Account: Checking Savings (Check One)

Attach a voided check for each bank account to which funds should be deposited (if necessary)

_____ is hereby authorized to directly deposit my payment to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Signature: _____

Date: _____

