Exhibit "G"

UMCA Board of Directors Reimbursement Request

Name: _____
Position on UMCA Board:
_____
Date: _____

I am requesting UMCA reimbursement for the following expenses:

Mileage Reimbursements:

Date:	***Purpose:***	***Location:***	***Miles:***	***Amount:***
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Travel Reimbursement issued at the current IRS Mileage Rate
(Number of Miles X $.___)

Total: $_____

Exhibit "G"

Purchase Reimbursements: (Please attach receipts)

Date:	***Purpose:***	***Amount:***
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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One Conference Registration:

Spring Conference $_____ ***IIMC $_____*** ***Institute/Academy $_____***

(See Exhibit F)

Total: $_____

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Signatures:

_____ _____

UMCA Board Member & Date **UMCA President & Date**