

EXPENSE VOUCHER

Dakotas Conference of the United Methodist Church

PO Box 460, Mitchell, SD 57301

Ph. 605-990-7004 Email: finance@dakotasumc.org

Pay to		Board/Committee	
Address		Dates Voucher due within 60 days of event/meeting	
		Location	
City		Purpose	
State	Zip Code		

ATTACH RECEIPTS FOR ALL EXPENSES

Committee Member and Volunteer Mileage

Round Trip Miles: _____ x 40.2¢ = _____

Employee and Independent Contractor Mileage

Round Trip Miles: _____ x 67.0¢ = _____

Meals and Lodging (Standard rate is \$100/night; Special rates apply for certain locations)

Meals: _____ *(Itemized receipts required for meals)*

Lodging: _____

Total Actual Costs: _____

of Nights: _____

x \$100

Max Reimbursement: _____

Special County Rates:

- \$130: Fall River/Custer (6/1 – 9/30)
- \$139: Lawrence (6/1 – 9/30)
- \$140: Pennington not at SMC (6/1 – 8/31)

Lesser of Total Actual Costs or Max Reimbursement: = _____

Other Expenses (Provide descriptions and amount below)

Less any amount you wish to donate (_____)

Total Reimbursement

Signature/Date:	Finance Office Use Only	Date:
Approved by/Date:	Written by:	Check #: