

## Expense Voucher

Dakota Conference of the United Methodist Church  
PO Box 460, Mitchell SD 57301

Finance Phone: 605-990-7704

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*Voucher due within 60 days of event/meeting*

|                                       |  |  |  |
|---------------------------------------|--|--|--|
| <b>Pay To</b>                         |  | <b>Mailing Address</b><br><small>(Street, City, State, Zip Code)</small> |  |
| <b>Board/Committee<br/>Event Name</b> |  | <b>Event/Meeting Dates<br/>&amp; Location</b>                            |  |
| <b>Meeting Purpose</b>                |  |  |  |

***All itemized receipts must be provided to receive reimbursement***

|   |               |                       |                    |
|---|---------------|-----------------------|--------------------|
| <b>Committee Member &amp; Volunteer Mileage</b> | Rate per mile | Mileage Reimbursement | Finance Office Use |
| Round Trip Miles _____                          | x 0.42 =      | _____                 |                    |

|  |               |                       |  |
|--|---------------|-----------------------|--|
| <b>Employee &amp; Independent Contractor Mileage</b> | Rate per mile | Mileage Reimbursement |  |
| Round Trip Miles _____                               | x 0.70 =      | _____                 |  |

**Meals & Lodging** (Per diem is \$106.80 per day for meals & hotel)

**Special County Rates** (Special per diem rates apply during the year for certain counties - see below.)

- Fall River/Custer \$141  
(6/1 – 9/30)
- Lawrence \$132  
(5/1 – 10/31)
- Pennington not Storm Mountain Center \$139  
(6/1 – 8/31)

|                                |                                       |
|--------------------------------|---------------------------------------|
| <b>Actual Cost</b>             | <b>Maximum Reimbursement</b>          |
| Meals _____                    | # of Nights _____                     |
| Lodging _____                  | x \$106.80 per diem                   |
| <b>Total Actual Cost</b> _____ | <b>Total Max. Reimbursement</b> _____ |

Compare Total Actual Cost and Maximum Reimbursement amounts above and enter the smaller amount here.

**Other Expenses** (Provide descriptions and amounts below.)

|  |  |  |
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|  |  |  |
|  |  |  |

**Total Expenses**

**Donation** (Please subtract any amount you wish to donate) ( \_\_\_\_\_ )

**Total Reimbursement**

Signature & Date \_\_\_\_\_ Approved by & Date \_\_\_\_\_