

# EXPENSE VOUCHER

(Update 1/1/18)

## Dakotas Conference of the United Methodist Church

PO Box 460, Mitchell, SD 57301  
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<b>Pay to</b>		<b>Board/Committee</b>	
<b>Address</b>		<b>Dates</b>	
		<b>Location</b>	
<b>City</b>		<b>Purpose</b>	
<b>State</b>	<b>Zip Code</b>		

### ATTACH RECEIPTS FOR ALL EXPENSES

**Your Mileage**

Round Trip Miles: \_\_\_\_\_ x 32.7¢ = \_\_\_\_\_

**Passenger Mileage**

Name: \_\_\_\_\_ Mileage: \_\_\_\_\_

Name: \_\_\_\_\_ Mileage: \_\_\_\_\_

Name: \_\_\_\_\_ Mileage: \_\_\_\_\_

**Total Passenger Mileage:** \_\_\_\_\_ x 3¢ = \_\_\_\_\_

**Meals and Lodging** (Standard rate is \$85/night; Special rates apply for certain locations)

Meals: \_\_\_\_\_

Lodging: \_\_\_\_\_

**Total Actual Costs:** \_\_\_\_\_

# of Nights: \_\_\_\_\_

x \$86

**Max Reimbursement:** \_\_\_\_\_

**Special County Rates:**

- \$98: Williams/Montrail/McKenzie
- \$115: Fall River/Custer (6/1 - 8/31)
- \$110: Meade/Butte/Lawrence (6/1 - 8/31)
- \$124: Pennington not at SMC (5/1 - 9/30)

**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 #:

<b>Finance Office Use</b>
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