

## Expense Voucher

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

Finance Phone: 605-990-7704

Email: [finance@dakotasumc.org](mailto:finance@dakotasumc.org)

*Voucher due within 60 days of event/meeting*

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

***All itemized receipts must be provided to receive reimbursement.***  
**For clergy introductions, IRS mileage rate and actual expenses are reimbursed.**

<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 at 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.)


**Total Expenses**

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

**Total Reimbursement**

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