

EXPENSE VOUCHER

(Update 1/1/18)

Dakotas Conference of the United Methodist Church

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

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 \$86/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 #:

Finance Office Use
