

# EXPENSE VOUCHER

(Update 1/1/19)

## Dakotas Conference of the United Methodist Church

PO Box 460, Mitchell, SD 57301  
Ph. 605-996-6552 Fax: 605-996-1766

<b>Pay to</b>		<b>Board/Committee</b>	
<b>Address</b>		<b>Dates</b>	Voucher due within 60 days of event/meeting
		<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 34.8¢ = \_\_\_\_\_

**Passenger Mileage**

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

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

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

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

**Meals and Lodging** (Standard rate is \$89/night; Special rates apply for certain locations)

Meals: \_\_\_\_\_ *(Itemized receipts required for meals)*

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

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

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

x \$89

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

**Special County Rates:**

- \$111: Fall River/Custer (4/1 - 10/31)

- \$115: Lawrence (6/1 - 9/30)

- \$125: Pennington not at SMC (7/1 - 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 #:

<b>Finance Office Use</b>
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## ITEMIZED RECEIPTS REQUIREMENT

The Book of Discipline (§613.18) does not allow apportioned conference funds to be used for the purchase of alcoholic beverages. Therefore, please get an itemized receipt when purchasing meals. Itemized receipts also ensure we stay on our auditors' good side because we can prove exactly what was purchased.

The **summary receipt** on the left only shows minimal information such as, the name of the business, date, subtotal, tip amount and grand total; whereas, the **itemized receipt** on the right shows more details such as, the name of the business, date, individual item and associated cost, tax, and balance due without tip.

### Example of Summary Receipt (Not Remimbursable)

Green Mill Albert Lea <span style="float: right;">95.83</span>	
2218 E Main St Albert Lea, MN 56007 (507) 377-3000	
Current Batch: 07162018 Mon 7/16/2018 8:35:34 PM Check 99 Table 303 Amy T. Station Bar Wait- POS5	
Tip	15% Grat. 18% Grat. 20% Grat. ( 12.12 ) ( 14.55 ) ( 16.17 )
VISA XXXXXXXXXXXXX8678 Approval 006661	
BASE	\$80.83
TIP	<u>15.00</u>
TOTAL	<u>95.83</u>
<b>Customer Copy</b>	
I agree to pay the above total amount according to the card issuer agreement.	
www.greenmill.com	

### Example of Itemized Receipt (Reimbursable)

Green Mill 2218 E Main St Albert Lea, MN 56007 (507) 377-3000 Store #001	
Check 99 Amy T. Guests 5	Table 303 7/16/2018 8:35 PM
LOBSTER MAC & CHEESE	17.99
ADD CUP SOUP	1.99
CHICKEN PARMESAN	14.99
CHICKEN & VEGGIE ALFRED	15.99
ADD SALAD	1.99
CHICKEN CAESAR SALAD	11.99
SPINACH DIP	9.99
Subtotal	74.93
Tax	5.90
TOTAL	<u>80.83</u>
<b>BALANCE DUE 80.83</b>	
If split among 5 guests each pay \$16.17	
Enjoy \$5 off your next food purchase! Visit <a href="http://HightopHospitalitySurvey.smg.com">HightopHospitalitySurvey.smg.com</a> Take the survey in the next 3 days, and bring this back with the validation code in the next 60 days. Validation Code: _____	
Rewards Members: Enter your phone number (_____) - _____ - _____ Not a member? To join, ask your server!	