

## 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> (Street, City, State, Zip Code)	
<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.**

### Committee Member & Volunteer Mileage

Rate per mile

Mileage Reimbursement

Finance Office Use

Round Trip Miles \_\_\_\_\_

x 0.42 = \_\_\_\_\_

### Employee & Independent Contractor Mileage

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)

Actual Cost	Maximum Reimbursement
Meals _____	# of Nights _____
Lodging _____	x \$106.80 per diem
Total Actual Cost _____	Total Max. Reimbursement _____

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 \_\_\_\_\_