



# 2017 Expense Reimbursement Request Form

Rocky Mountain Conference—UCC  
 1140 West 5th Avenue  
 Denver, Colorado 80204

Please mail this form (along with all necessary receipts) to the address above OR email it to [admin@rmcucc.org](mailto:admin@rmcucc.org) OR fax it to 303.980.6695.

Today's Date: \_\_\_\_\_  
 Meeting Date: \_\_\_\_\_

RMC Team: \_\_\_\_\_  
 Meeting Location: \_\_\_\_\_

### Requestor Info

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_

Your Role in RMC Team: \_\_\_\_\_  
 State / Zip: \_\_\_\_\_

### Expenses to be Reimbursed

RMC Staff Mileage:\* Total Mileage \_\_\_\_\_ × \$0.535 per mile: \_\_\_\_\_

Volunteer Mileage:\* Total Mileage \_\_\_\_\_ × \$0.2675 per mile: \_\_\_\_\_

Other Meeting Expenses\*\* (Please Attach Receipts and list below): \_\_\_\_\_

**Total Reimbursement\*\*\*:** \_\_\_\_\_

Date of Expense	Description of Expense	Amount (Attach Receipts)

\***Mileage Policy:** Staff mileage rates based on annual IRS business guidelines; volunteer rate is calculated at half the staff rate, instead of the IRS itemized-deduction rate of \$0.14 per mile for volunteers driving in service for a charitable organization.

\*\***Hotel Reimbursement Policy:** \$100 per night. This limit may be extended at the discretion of the Conference Minister.

\*\*\***Donation to Conference:** Would you like to donate all or some of your reimbursement to the Conference? If so, how much would you like to donate? \$ \_\_\_\_\_

### FOR OFFICE USE ONLY

Reimbursement Request Approved by: \_\_\_\_\_  
 Approver Signature: \_\_\_\_\_  
 Approver's Role or Title: \_\_\_\_\_  
 Date of Approval: \_\_\_\_\_