



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 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 rate 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

Amount / Validated:	Account / Class:
Approved / Date:	Memo: