



2018 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: _____ RMC Team: _____
 Meeting Date: _____ Meeting Location: _____

Requestor Info

Name: _____ Your Role in RMC Team: _____
 Street Address: _____
 City: _____ State / Zip: _____

Expenses to be Reimbursed

RMC Staff Mileage:* Total Mileage _____ × \$0.545 per mile: _____

Volunteer Mileage:* Total Mileage _____ × \$0.2725 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. Limit may be extended at 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: |