

# 2020 Expense Reimbursement Request Form

Rocky Mountain Conference  
P.O. Box 2616  
Evergreen CO, 80437-2616

Please mail this form (along with all necessary receipts) to the address above OR email it to [admin@rmcucc.org](mailto:admin@rmcucc.org) within 60 days of expense

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 \_\_\_\_\_ × \$0.57.5 per mile: \_\_\_\_\_

**Volunteer Mileage:**\* Total Mileage \_\_\_\_\_ × \$0.29 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: \_\_\_\_\_