

2021 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 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: Lakewood _____

State / Zip: _____

Expenses to be Reimbursed

RMC Staff Mileage:* Total Mileage _____ × \$0.56 per mile: _____

Volunteer Mileage:* Total Mileage _____ × \$0.29 per mile: _____

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

Total Reimbursement*:**

\$70

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: _____