

2025 Staff Expense Reimbursement Request Form

Attn: Financial Associate
RMC UCC
303 S Broadway STE 200-330
Denver, CO 80209

Please mail this form (along with all receipts) to the address above OR email it to financialassociate@rmcucc.org within 60 days of expenses.

Today's Date: _____

Requestor Info

Name: _____ Your Role in RMC Team: _____

Street Address: _____

City: _____ State / Zip: _____

Expenses to be Reimbursed

RMC Staff Mileage: Total Mileage _____ × \$0.70 per mile: _____

Date of Expense	Description of Expense	Amount (Attach Receipts)

Total Reimbursement: \$ _____

****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: