

# Central Plains Mennonite Conference

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## *Expense Reimbursement Request Form*

Purpose of expense \_\_\_\_\_

Date expenses were incurred \_\_\_\_\_, 20\_\_\_\_\_

Submitted by \_\_\_\_\_

Please attach receipts or other documentation for all expenses.

Miles traveled \_\_\_\_\_ @ \_\_\_\_\_¢/mile = \$ \_\_\_\_\_

Meals \_\_\_\_\_ \$ \_\_\_\_\_

Lodging \_\_\_\_\_ nights @ \$ \_\_\_\_\_/night = \$ \_\_\_\_\_

Other (please specify) \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL EXPENSES \$ \_\_\_\_\_**

Charge to:

Committee \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Send reimbursement to: (please enter *complete mailing address*)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ (for questions or clarification)

*For office use only*

Date Paid \_\_\_\_\_

Check # \_\_\_\_\_

