

Central Plains Mennonite Conference

121 E. 3rd St.
PO Box 101
Freeman, SD 57029

phone: 605-925-4463
fax: 605-925-7293
email: cpmcsd@gwtc.net

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 # _____



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