

Hourly Employee Expense Report

Rocky Mountain Conference of Seventh-day Adventists

Employee's Name: _____ Position/Role _____

Department Name: _____

DATE	# Miles Driven	Cost (miles x reimbursement rate) CO current rate \$0.40/mile	Per Diem (\$50.00/day for two or more meals eaten away from home, \$25.00/day for one meal)	Travel/Airline	Lodging	Purpose
		\$				
		\$				
		\$				
		\$				
		\$				
		\$				
		\$				
		\$				
		\$				
		\$				
		\$				
		\$				
		\$				
		\$				
TOTALS		\$				

I certify that the miles listed above are miles that I drove while serving in my position as an employee. I understand that mileage will be reimbursed at current RMC Mileage Reimbursement Rate, which may fluctuate from month-to-month.

Print Name

Employee Signature

(Date)

RETURN THIS FORM TO THE TREASURY DEPARTMENT FOR REIMBURSEMENT