

# 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 \$0.45/mile	Per Diem (\$56.00/day for two or more meals eaten away from home, \$28.00/day for one meal)	Travel/Airline	Lodging	Purpose
		\$				
		\$				
		\$				
		\$				
		\$				
		\$				
		\$				
		\$				
		\$				
		\$				
		\$				
		\$				
<b>TOTALS</b>		\$				

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 the 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**