

# ROCKY MOUNTAIN DISTRICT EXPENSE REPORT 2023



1. Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Report Date Submitted \_\_\_\_\_

IRS Mileage Rate is 0.655 cents/mile

Mail form to District Office - 88 Inverness Circle East, A-210, Englewood, CO 80112 Phone: 303.695.8001

**OR** email to business@rm.lcms.org

2. Purpose of Trip/Expense \_\_\_\_\_

3. A. Event Date								J. Totals
B. Personal Car (Actual Mileage)								0
C. Amount (at \$ 0.655 per mile)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
D. Air-Train-Bus Fares								\$ -
E. Meals (Include tip)								\$ -
F. Lodging (Room only)								\$ -
G. Misc. (See Instructions)								\$ -
H. Other (Explain Below)								\$ -
I. Daily Totals	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

4. Explain Other/Misc. \_\_\_\_\_

K. Total Expenses	\$ -
L. Less: Total Cash Advance	
M. Bal. Due: Traveler	
District	

Travel expense forms must be signed by the traveler and have accompanying receipts with expenses where applicable. Reimbursement may be delayed or denied for not providing these. Mileage reimbursement is limited to the lesser of the mileage rate or airfare. We appreciate our travelers discerning approach to finding sensible costs for the District's business travel.

5. Traveler's Signature \_\_\_\_\_ Date \_\_\_\_\_

6. Executive Approval \_\_\_\_\_ Date \_\_\_\_\_

INTERNAL USE ONLY - DISTRIBUTION		
ACCOUNT	DESCRIPTION	AMOUNT