

ROCKY MOUNTAIN DISTRICT

EXPENSE REPORT 2026

1. Name _____
 Address _____
 City/State/Zip _____

Report Date Submitted _____



IRS Mileage Rate is 0.725 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 \$0.725 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 |
| | | |
| | | |
| | | |