

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](mailto: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