



SCC Travel Expens\$ Report

Instructions: This form is for your use to receive reimbursement for monies paid out of pocket for your expenses relating to your travel to/for the South Central Conference. (1) Please fill in the requested information below and scan/attach original receipt(s) to this form. (2) Please print all requested information. (3) Mail or give this form and attachment(s) to:

Treasury Department - South Central Conference of SDA
 715 Youngs Lane ~ Nashville, TN 37207
 615-226-6500 | Fax: 615-226-9837

Normally you should receive your reimbursement(s) **within 7-14 days by mail after** this information is received in our office.

| Reimbursement should be sent to: | | | | |
|--|--------------------------------------|-------|--|--------------------------------------|
| Name | | | | |
| Address | | | | |
| City | | State | | Zip |
| Home Phone | | | Work Phone | |
| Cell Phone | | | Other Contact | |
| Fax | | | Email | |
| Date Departed | | | Date Returned | |
| Departure Location | <i>City/State</i> | | Destination Location | <i>City/State</i> |
| Auto Mileage | One-way | Miles | Public Transportation / Taxi / Auto Rental / Airline, etc. | <i>Attach original receipt(s)</i> |
| | Round-trip | Miles | | |
| Mileage Calculation .42¢ per mile | \$ | | Per Diem \$50 per overnight stay | \$ |
| Motel Expense | \$ <i>Attach original receipt(s)</i> | | Other Expenses | \$ <i>Attach original receipt(s)</i> |
| Total Expenses to be reimbursed <i>(all required receipts are attached)</i> | | | | \$ |

The above information is being submitted by: _____

Signature

| | |
|------------------------|--|
| SCC Office Only | <input type="checkbox"/> Needs additional approval _____ |
| Date Received _____ | Date Reimbursement Mailed _____ |
| Approved by _____ | Amount Approved _____ |