

APPLICATION FOR PAYMENT

Please complete the applicable items for reimbursement based on SDASCOE policies. Attach receipts for purchase reimbursements, room, airfare, and parking (if applicable).

Name _____

Preferred mailing address _____

Event _____

Date _____

Room (½ of Room Rate) _____

Mileage* (Round Trip _____ miles X \$.35) _____

Miscellaneous** (_____) _____

Expense Reimbursement _____

BALANCE DUE _____

* Spring, Fall and Special meetings, (\$0.20 below prevailing COF rate rounded up to nearest \$0.01)

RETURN COMPLETED FORM TO:

Mary Johnson, Treas
PO Box 433
Miller, SD 57362
SDASCOE@aol.com or
[mary.johnson@hur.
midco.net](mailto:mary.johnson@hur.midco.net)

PAID _____

CHECK NO. _____