

SDASCOE APPLICATION FOR PAYMENT

Please complete the applicable items for reimbursement based upon current SDASCOE policies. Please provide receipts for reimbursement as indicated.

NAME _____

MAILING ADDRESS _____

DATE _____

EVENT - EXPLANATION _____

AUTHORIZED EXPENSE REIMBURSEMENT - NON TRAVEL _____

Delegate Scholarship Item for NWA Rally and NASCOE, postage, or other approved transaction related to SDASCOE operating expenses. Please attach documentation with receipts detailing expense.

LOCAL TRAVEL EXPENSE CLAIM: _____

Use this section for Board Meetings and State Convention

Mileage (Round Trip X Rate) _____

Round Trip Miles _____

TIMES _____

Mileage Rate _____

\$0.20 below prevailing POV USDA rate rounded up to nearest \$0.01

Lodging Expense Incurred by Traveler _____

As indicated per SDASCOE Travel Policy or other authorization

NON-LOCAL TRAVEL EXPENSE CLAIM _____

Attach Non-Local Travel Worksheet for Claim - NWA Rally, NASCOE Convention or other event as approved by Executive Committee

TOTAL AMOUNT DUE FOR EXPENSE REIMBURSEMENT _____

RETURN COMPLETED FORM TO:

Desiree King, SDASCOE Treasurer

1101 10th St - Apt 18

Brookings, SD 57006

desiree.king114@gmail.com

Scan and Email or Mail to Desiree

Signature of Claimant and Date

DATE PAID _____

CHECK NO. _____

NON-LOCAL TRAVEL EXPENSE WORKSHEET

Use this worksheet for authorized trip such as the NWA Rally, NASCOE Convention, or other travel as authorized by the Executive Committee not associated with board meetings or State Convention.

Number of days of travel is determined by travel policy unless otherwise approved.

DATES - EVENT - LOCATION

MILEAGE (Round Trip X Rate)

Round Trip Miles _____

TIMES _____

Mileage Rate _____

\$0.20 below USDA-POV rate rounded up to nearest \$0.01

COMMERCIAL CARRIER EXPENSE (include receipts)

Cost of Ticket _____

Travel Insurance _____

Luggage Fees _____

Parking Fees _____

RENTAL VEHICLE

Only if authorized according to travel policy

MEALS & INCIDENTAL EXPENSES (M&IE)

CONUS Rate for Location _____

First Day of Travel (75% of Rate) _____

No. Days at Full Rate _____

Total _____

Last Day of Travel (75% of Rate) _____

Deductions according to travel policy _____

LODGING (Full Rate)

No. of Nights _____

Total _____

REGISTRATION FEE (Early Bird Only - No Late Fees)

Include registration form

MINUS NASCOE REIMBURSEMENT PAID DIRECTLY TO TRAVELER

TOTAL AMOUNT DUE FOR NON-LOCAL TRAVEL
