



The South Dakota Society For Respiratory Care

Chartered Affiliate of the American Association for Respiratory Care

Expense Voucher

Please submit to the treasurer:

Sarah Schoenfelder
 SD Society for Respiratory Care
 40896 272nd St
 Dimock, SD 57301

Email: sdsrctreasurer@gmail.com
 Phone: (605) 770-3781

Name: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____

Date(s):								
Airfare								
Baggage								
Lodging								
Meals								
Mileage								
Other								
							Subtotal	
							Total Reimbursement	

- ❖ If within five business days you have not received confirmation of receipt of the Expense Voucher, please contact the treasurer.
- ❖ All expenses must be SDSRC board approved and for SDSRC related business only.
- ❖ Mileage – privately owned cars will have mileage reimbursed at the federal rate per mile as of January 1st of the current year.
- ❖ Lodging – receipts must include date of lodging and name of individual.
- ❖ Meal allowance is \$35/day maximum. Meal receipts are required.
- ❖ Any person requesting expense reimbursement is required to provide the treasurer with a receipt of purchase. An expense voucher must be filled out and submitted with a receipt that will be retained by the treasurer. Any expense incurred by an individual who cannot produce a receipt will become the responsibility of the purchaser and the expense will not be paid by SDSRC.

 Signature Date

 Treasure Signature Date Check #

 Co-singature (if applicable) Date