

SDRSP EXPENSE STATEMENT

Date: _____
Month Day Year

Please complete the following information and return this form to the SDRSP
Treasurer: Pat Johnson, 1226 E Kemp, Watertown, SD 57201

Check payable to: _____
Address _____
City _____ State _____ Zip _____
SDRSP Office _____
RTA Unit _____

Purpose of Travel or Expense: _____

Reimbursement: Complete the appropriate selection for expense statement.
Authorized mileage is the state rate at .42 per mile.

Mileage from _____ to _____ and return.
City City

Total mileage _____ @ <u>.42</u> per mile = \$ _____	
Meals (attach receipts)	\$ _____
Lodging (attach receipts)	\$ _____
Postage (attach receipts)	\$ _____
Telephone calls (attach receipts)	\$ _____
Supplies or other expense (attach receipts)	\$ _____
TOTAL	\$ _____

Signature _____

For SDRSP Treasurer Use Only

Expense Statement Number _____

Check Number _____

SDRSP Treasurer Signature _____