



Council of Higher Education
SOUTH DAKOTA EDUCATION ASSOCIATION

411 E. Capitol Ave., Pierre, SD 57501

SHEET NO.

Payee _____ Address _____

City _____ State _____ Zip _____

DESTINATION AND PURPOSE OF TRIP:

Table with columns for DATE, SUNDAY, MONDAY, TUESDAY, WEDNESDAY, THURSDAY, FRIDAY, SATURDAY, and Total each line. Rows include Breakfast, Lunch, Dinner, Hotel, Limousine, Taxi, Bus, Plane (1), Auto: 32¢ per mile, and TOTALS.

EXPLAIN ITEMS MARKED WITH (*) AND ANY UNUSUAL ITEMS THAT MAY BE QUESTIONED

TOTAL THIS SHEET
ALL OTHER SHEETS
TOTAL ALL SHEETS
LESS ADVANCE

DUE TRAVELER
DUE SDEA

(1) If First Class Plane Fare, explain why:

I CERTIFY THE ABOVE EXPENSES WERE INCURRED FOR ASSOCIATION BUSINESS:

TRAVELER'S SIGNATURE _____ DATE _____

Attach receipted hotel bills, transportation ticket stubs, and all other receipts.

SUBMIT THIS COPY WITHIN 10 DAYS OF COMPLETED TRIP

COHE ALLOWABLE CHARGES

- Breakfast \$5.00
Lunch \$7.00
Supper \$13.00
Mileage \$0.32 per mile

APPROVED:
DATE: _____ BY: _____
UNIT _____ CODE NO. _____
EXECUTIVE DIRECTOR _____
DATE PAID _____ CHECK NUMBER _____

Send completed form to:

Jane Mundschenk
COHE Treasurer
111 W. Melgaard Rd. #15
Aberdeen, SD 57401-7467