



South Dakota State Court Statement of Expenditures

Name _____ State Office/Position _____ Date: _____

Address _____ Town _____, SD Zip _____

Please submit expenses to the State Court as they occur. DO NOT wait until the end of the year. Store/Company receipts **must** be included for all expenses except mileage. (Copies are acceptable.) The State pays mileage at **\$ 0.33** per mile.

Put all In-Kind information on this form whenever it occurs. In-Kind and court honorarium information can be emailed to the State Secretary. In-Kind information will be used in determining SD CDA budget.

Reason for Travel: _____

Travel	Distance	Rate	Trip Total	Reimbursable Amount	In-Kind Amount
<i>i.e. Sioux Fall Court Meeting</i>	44	\$0.33	\$14.52	\$7.52	\$7.00
Destination A:					
Destination B:					
Destination C:					
Destination D:					
Total Travel					

Other Expenditures	Cost \$	Receipt Present	Reimbursable Amount	In-Kind Amount
Postage				
Office Supplies				
State Workshop/State Convention (Circle one)				
National Workshop/National Convention (Circle one)				
Misc				
Total Expenditures				
Less Stipend/Honorarium from Local Court				
Total to be Reimbursed				

Signature _____