

MEMBERS EXPENSE REIMBURSEMENT FORM
HOUSE OF REPRESENTATIVES - STATE OF MINNESOTA
 This form is for both IN-STATE and OUT-OF-STATE trips

This form is to be completed by a member and submitted, with receipts to a Committee Chairperson. Attach receipts for items for which you request reimbursement, such as hotel, registration fees, airfare, parking, etc. Please indicate the requested per diem amount in the appropriate column and calculate your requested reimbursement amounts. Send completed forms to room G45 State Office Building within 90 days of the legislative activity. Untimely or incomplete requests WILL NOT be processed.

NAME OF MEMBER: _____

HOME CITY: _____

Date	Committee or Other Activity	(PLEASE CIRCLE) Formal Record of Attendance at Cmte Mtg	Per Diem Amount	Location of Activity	TRAVEL		Round trip MILES	(.485/mile) Mileage \$ Amount	B&A Use Only Coding
					From	To			
		YES NO	\$					\$	- 2111
		YES NO	\$					\$	- 2111
		YES NO	\$					\$	- 2111
		YES NO	\$					\$	- 2111
		YES NO	\$					\$	- 2111
PER DIEM TOTAL			\$					\$	
				B&A USE ONLY CMTE: PDI (2131) OR PDO (2231)		Mileage TOTAL		\$	

***RECEIPTS REQUIRED**

*AIRFARE: \$ _____

*REGISTRATION: \$ _____

*HOTEL/LODGING: \$ _____

*PARKING/TAXI: \$ _____

*OTHER (SPECIFY): \$ _____

MILEAGE: \$ _____

TOTAL EXPENSES REQUESTED: \$ _____
 (excluding per diem)

CMTE: _____ DESCRIPTION: _____

_____ - 2121 2221

_____ - 2151 2251

_____ - 2132 2135 2232

_____ - 2132 2135 2232

UPDATED 11/06

I declare under the penalties of perjury that this request is just and correct and that no part of it has been previously submitted:

_____ Signature of Member

Approval of Standing Committee/Division Chair
 **Signature indicates approval of disbursement of funds from the committee budget