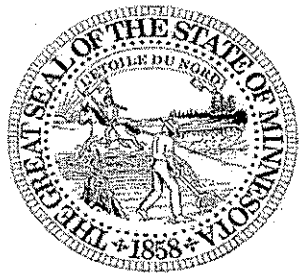
MINNESOTA STATE SENATE

PER DIEM - EXPENSE REIMBURSEMENT



Pursuant to Minnesota Statutes, Section 3.101, as amended,
I hereby request reimbursement for per diem expense allowance and or travel expense as follows:
(PLEASE USE ONE SHEET PER COMMITTEE)

DATES (One Per Line)	NAME OF COMMITTEE OR SUB-COMMITTEE	PLACE OF MEETING	OFFICIAL STATE MILES FROM	TO	TRIP MILES	OTHER TRAVEL EXPENSES (Receipts)

I declare under penalties of perjury that this request is just and correct and that no part of it has been paid

STATE SENATOR'S SIGNATURE

DATE _____

DEPARTMENT CODE					
INDEX	ITEM	ALLOT.	F.Y.	FUND	ENCUMBRANCE NO
10000	03			10	Non-Budgetary

I HEREBY CERTIFY THAT THE GOODS OR MATERIALS COVERED BY THIS CLAIM HAVE BEEN INSPECTED AND RECEIVED OR THE SERVICES HAVE BEEN PERFORMED, ARE IN ACCORDANCE WITH SPECIFICATIONS, AND ARE IN PROPER FORM, KIND, AMOUNT AND QUALITY, AND PAYMENT IS HEREBY RECOMMENDED.

APPROVED DATE

DEPARMENT AUTHORIZED SIGNATURE

FOR FISCAL OFFICE USE ONLY

SENATOR # _____
COMMITTEE # _____
OBJ/AMOUNT **211 $** _____
212 $ _____
213 $ _____
215 $ _____
222 $ _____
223 $ _____
225 $ _____
$ _____

TOTAL EXPENSES $ _____