



Expense Report: Councils, Boards and Commissions

Member Information

Name: _____ Date (mm/dd/yyyy): _____

Home Address: _____

Email: _____ Phone: _____

Member Expenses: Expense 1

Date (mm/dd/yyyy): _____ Reason for Expense: _____

Per Diem (Note: If meeting by phone, Per Diem is the only expense you may claim): \$ _____

Additional Expenses

Description of Other Expense (receipt required): _____ Cost: \$ _____

Subtotal

Expense 1 Subtotal: \$ _____

Additional comments from Member for Expense 1:

Member Expenses: Expense 2

Date (mm/dd/yyyy): _____ Reason for Expense: _____

Per Diem (Note: If meeting by phone, Per Diem is the only expense you may claim): \$ _____

Additional Expenses

Description of Other Expense (receipt required): _____ Cost: \$ _____

Subtotal

Expense 2 – Subtotal: \$ _____

Additional comments from Member for Expense 2:

Member Expenses: Expense 3

Date (mm/dd/yyyy): _____ Reason for Expense: _____

Per Diem (Note: If meeting by phone, Per Diem is the only expense you may claim): \$ _____

Additional Expenses

Description of Other Expense (receipt required): _____ Cost: \$ _____

Subtotal

Expense 3 – Subtotal: \$ _____

Additional comments from Member for Expense 3:

Member Expenses: Expense 4

Date (mm/dd/yyyy): _____ Reason for Expense: _____

Per Diem (Note: If meeting by phone, Per Diem is the only expense you may claim): \$ _____

Additional Expenses

Description of Other Expense (receipt required): _____ Cost: \$ _____

Subtotal

Expense 4 – Subtotal: \$ _____

Additional comments from Member for Expense 4:

IMPORTANT: Expense Form Submission

You **must save this document** and send it, along with all required receipts, via email to: Linda.Gremillion@state.mn.us.

You might want to print or otherwise save a copy of this expense form for your records.

Note: After you submit your expense form via email, your portion of this expense form is complete. You will receive a DocuSign email to officially electronically sign a claim for reimbursement of these expenses. The remaining sections will be completed by Council and Accounting staff.

Agency Verification – to be completed by the Minnesota Council on Disability

Name of Authorized Verification Agent: _____

Date received (mm/dd/yyyy): _____

Agency: _____ Fund: _____ FINDEP: _____

APPROP ID: _____ Project ID: _____ Activity: _____ Source: _____

SWIFT Vendor Number: _____

Total Expenses (Expenses for All Days): \$ _____

Approved: Based on knowledge of the necessity for travel and expense and on the basis of compliance with all provisions of applicable travel regulations. These expenses have been verified by an authorized agent of the Minnesota Council on Disability.

Expenses verified: Yes

Agency Verification Agent initials: _____

Additional comments from Agency Verification Agent:

Accounting Use Only

Date received by Accounting: _____

Accounting Code 410706 – Per Diem: Total: \$ _____

Accounting Code 411605 – Private Auto Mileage In-State: Total: \$ _____

Accounting Code 411601 – Parking: Total: \$ _____

Accounting Code 411601 – Transportation Travel Expense In-State: Total: \$ _____

Accounting Code 411603 – Meals Without Overnight Lodging: Total: \$ _____

Accounting Code _____ - Other Expenses: Total: \$ _____

Document Total: \$ _____

Document ID: _____

Additional comments from Accounting: