

Expense Report Submission: Electronic Signature Page

Submitted Information

Submitter: _____

Home Address: _____ City: _____

State: _____ Zip: _____

Date Submitted (mm/dd/yyyy): _____

Total Expense Amount Submitted: _____

MCD Accounting Codes: _____

Submitter Vendor Number: _____

The following listed activities are submitted with this approval:

I am submitting a claim for reimbursement. I declare under the penalties of perjury that this claim is just and correct and that no part of it has been paid.

Acknowledgement: You are signing this form electronically. You agree your electronic signature is the legal equivalent of your manual signature on this form.

Name of Submitter: _____

Electronic Signature **of Submitter:** _____

Date Signed by Submitter (mm/dd/yyyy): _____

Expense Report Approval

Name of Authorized Approving Agent: _____

Total Expense Amount Approved: _____

The activities listed by submitter are approved.

Acknowledgement: I am an authorized agent of the Minnesota Council on Disability with the delegated authority to approve this expense report submission, which is approved based on knowledge of the necessity for travel and on the basis of compliance with all provisions of applicable travel regulations.

Acknowledgement: You are signing this form electronically. You agree your electronic signature is the legal equivalent of your manual signature on this form.

Electronic Signature of Approver: _____

Date Signed by Approver (mm/dd/yyyy): _____