



Expense Report: Councils, Boards and Commissions

Council Member Information

Name: _____ Date Submitted: _____

Home Address: _____ City: _____

State: _____ Zip: _____

Email: _____ Phone: _____

Are you an employee of the State of MN, Federal Government, County, City or Municipal Government? If you answer yes, and if you seek per-diem and expense reimbursement, you must provide documentation that you took leave of your government post to tend to any MCD related business.

Yes

No

Member Expenses: Expense 1

Date Expense 1 Occurred (mm/dd/yyyy): _____ Reason for Expense 1: _____

Expense 1 Per Diem (**Note:** If meeting by phone, Per Diem is the only expense you may claim): \$ _____

Additional Expenses

Description of Other Expense 1 (receipt required): _____

Cost of Other Expense 1: \$ _____

Subtotal

Expense 1 Subtotal: \$ _____

Additional comments from Member for Expense 1:

Member Expenses: Expense 2

Date Expense 2 Occurred (mm/dd/yyyy): _____ Reason for Expense 2: _____

Expense 2 Per Diem (**Note:** If meeting by phone, Per Diem is the only expense you may claim): \$ _____

Additional Expenses

Description of Other Expense 2 (receipt required): _____

Cost of Other Expense 2: \$ _____

Subtotal

Expense 2 Subtotal: \$ _____

Additional comments from Member for Expense 2:

Member Expenses: Expense 3

Date Expense 3 Occurred (mm/dd/yyyy): _____ Reason for Expense 3: _____

Expense 3 Per Diem (**Note:** If meeting by phone, Per Diem is the only expense you may claim): \$ _____

Additional Expenses

Description of Other Expense 3 (receipt required): _____

Cost of Other Expense 3: \$ _____

Subtotal

Expense 3 Subtotal: \$ _____

Additional comments from Member for Expense 3:

Member Expenses: Expense 4

Date Expense 4 Occurred (mm/dd/yyyy): _____ Reason for Expense 4: _____

Expense 4 Per Diem (**Note:** If meeting by phone, Per Diem is the only expense you may claim): \$ _____

Additional Expenses

Description of Other Expense 4 (receipt required): _____

Cost of Other Expense 4: \$ _____

Subtotal

Expense 4 Subtotal: \$ _____

Additional comments from Member for Expense 4:

IMPORTANT: Expense Form Submission

IMPORTANT: 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. 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

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: