



THE VOICE FOR PROFESSIONAL
EDUCATORS AND STUDENTS

Education Minnesota Member Expense Reimbursement Form

Name: _____ Purpose of Meeting: _____
 Address: _____ Place of Meeting: _____
 City, State, Zip: _____ Last 4 digits of SSN: _____
 *Please indicate if address is NEW Email Address: _____

Submit original, itemized receipts. Expense voucher must be completed within 60 days.

Date	Personal (\$.56/mi)		Passenger (\$.10/mi)		Mileage Amount	Airfare/ Train	Other Trans. (taxi, etc)	Hotel	Breakfast (incl tip)	Lunch (incl tip)	Dinner (incl tip)	Other * (daycare, housekeeping, bag tips, etc)	Total
	# Miles	# Miles *	# Miles	# Miles									
Subtotals													

* Notes (passenger names, describe other expenses, excess mileage, etc): _____

I hereby certify this is a correct statement of my expenses. _____
 Signature Date

EDUCATION MINNESOTA OFFICE USE ONLY

PROGRAM _____ REVIEWED BY _____ DATE _____ APPROVED BY _____ DATE _____
 Company Account Amount Dept FS Program DOL Employee _____
 INVOICE # _____
 DATE REC'D _____