

CLEAN WATER COUNCIL MEMBER EXPENSES REPORT

<input checked="" type="checkbox"/> IN-STATE		<input type="checkbox"/> SHORT TERM ADVANCE		Reason for Travel/Advance		Employee Name		Home Address (include City and State)		Vendor #	
<input type="checkbox"/> OUT-STATE		<input type="checkbox"/> ANNUAL ADVANCE		Clean Water Legacy--Council Mtgs							
<input type="checkbox"/> Check if advance was issued for these expenses				Trip Dates: Start/End		Permanent Work Station (include City and State)		Agency		Job Title	
<input checked="" type="checkbox"/> FINAL EXPENSE(S) FOR THIS TRIP?						520 Lafayette Rd N, St. Paul		MPCA		Clean Water Council Member	

MAPS CODE BLOCK

Distrib %	FY	Fund	Agency	Org	SOrg	Appr	Actv	SOBJ	Proj	Rpt Cat	Description
100	22	2302	R32	R3237007		R32R127					
Distrib %	FY	Fund	Agency	Org	SOrg	Appr	Actv	SOBJ	Proj	Rpt Cat	Description

Date	Daily Description/Comments	MEALS			Total All Meals W/O Lodging	Total All Meals With Lodging	Lodging	Conference Fee	Air Fare Parking	Per Diem	Time	ITINERARY		Trip Miles	Total & Local	Mileage Rate	Mileage Amount	Total
		B	L	D								Departure	Location					
												Departure				\$ 0.625		\$
												Arrival	St.Paul			\$ 0.625		\$
												Departure	St.Paul			\$ 0.625		\$
												Arrival				\$ 0.625		\$
												Departure				\$ 0.625		\$
												Arrival				\$ 0.625		\$
												Departure				\$ 0.625		\$
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												Departure				\$ 0.625		\$
												Arrival				\$ 0.625		\$
												Departure				\$ 0.625		\$
												Arrival				\$ 0.625		\$
TOTALS: Enter subtotal of these totals at far right					Total MEA	Total MWL	Total LDG	Total PPH	Total CNF	Total PKG		VEHICLE CONTROL #		Total	Rate	Total MLE	Mileage Subtotal	
					\$	\$	\$	\$								\$	\$	

If using private car for out-of-state travel: What would lowest air fare to destination be? \$ -
 Travel not to exceed this amount

I declare under the penalties of perjury that this claim is just and correct and that no part of it has been paid except with respect to those advance amounts shown. **I AUTHORIZE PAYROLL DEDUCTION OF ANY SUCH ADVANCES.**
 State employees and other officials using state funds travelling on state business and using commercial airlines cannot claim frequent flyer mileage as their own. Employees must certify that they have not claimed frequent flyer mileage for personal use when they apply for travel reimbursement. Any benefits received belong to the state. By typing/signing my name below, I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing this form.

Tennessee Warning: Some of the information you are being asked to provide on this form (i.e., your home address) is classified by state law (Minn. Stat. § 13.43) as private data. You are being asked to provide this information to assist the Minnesota Pollution Control Agency (MPCA) in providing reimbursement to you regarding expenses you have incurred while serving as a member of the Clean Water Council. You are not required to provide any of the requested information. If you provide the requested information, this will assist the agency in providing reimbursement to you. If you do not provide this information, it will be difficult for the agency to reimburse you. The private information that you provide will be available only to those within the agency and the State whose work assignments reasonably require access to it and to other entities/persons authorized by law or court order.

Employee Signature	Date	Work Phone
Approved: Based on knowledge of the necessity for travel and expense and on the basis of compliance with all provisions of applicable travel regulations.		
Supervisor Signature	Date	Work Phone
Appointing Authority Designee Signature (Needed for Annual Advance and Special Expenses)	Date	

FOR ACCOUNTING AND INPUT USE ONLY			
Input Object Codes & Amounts	Object Code	Column from Above	Amount
Living Expense		2,3	
Travel Expense (parking)		5	\$ -
Conference Expense		4	
Mileage	411605	7	\$ -
Meals w/o Lodging	411603	1	
Per Diem	410706	6	\$ -
GRAND TOTAL:			Grand Total
			\$ -
TOTAL AMOUNT TO BE PAID			
Document ID		Document Total	\$