

CLEAN WATER COUNCIL MEMBER EXPENSES REPORT

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 services rendered and without partial deduction of my share advances.

advance amounts shown. **I AUTHORIZE PAYROLL DEDUCTION OF ANY SUCH ADVANCES.**
State employees and other officials using state funds traveling 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	\$