

Expense Report: Councils, Boards and Commissions

## Council Member Information

Name: Click or tap here to enter text. Date Submitted: Click or tap to enter a date.

Home Address: Click or tap here to enter text. City: Click or tap here to enter text.

State: Click or tap here to enter text. Zip: Click or tap here to enter text.

Email: Click or tap here to enter text. Phone: Click or tap here to enter text.

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):Click or tap to enter a date. Reason for Expense 1:Click or tap here to enter text.

Expense 1 $Click or tap here to enter text.

### Additional Expenses

#### 0.00

Description of Other Expense 1 (receipt required): Click or tap here to enter text.

Cost of Other Expense 1: $Click or tap here to enter text.

### Subtotal

Expense 1 Subtotal: $Click or tap here to enter text.

Additional comments from Member for Expense 1:

## Member Expenses: Expense 2

Date Expense 2 Occurred (mm/dd/yyyy): Click or tap to enter a date. Reason for Expense 2:Click or tap here to enter text.

Expense 2 $Click or tap here to enter text.

### Additional Expenses

Description of Other Expense 2 (receipt required): Click or tap here to enter text.

Cost of Other Expense 2: $Click or tap here to enter text.

### Subtotal

Expense 2 Subtotal: $ 0.00

Additional comments from Member for Expense 2:

# Total: 0.00

## IMPORTANT: Expense Form Submission

**IMPORTANT:** You **must save this document** and send it, along with all required receipts, via email to: Julie.f.Olson@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 Rare Disease Advisory Council

Name of Authorized Verification Agent: Date received (MM/dd/yyyy):

# Erica Barnes

Agency: G9V

Fund:

#### 1000

FINDEP: 30000

APPROP ID: 1111

Project ID: Activity: Source:

SWIFT Vendor Number:

**Total Expenses** (Expenses for All Days): $ 0.00

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 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: