## **CLEAN WATER COUNCIL MEMBER EXPENSES REPORT** Reason for Travel/Advance Home Address (include City and State) Vendor# SHORT TERM ADVANCE **V**IN-STATE **TANNUAL ADVANCE** OUT-STATE Clean Water Legacy--Council Mtgs Trip Dates: Start/End Permanent Work Station (include City and State) Job Title Barg Unit Check if advance was issued for these expenses Agency FINAL EXPENSE(S) FOR THIS TRIP? 520 Lafayette Rd N, St. Paul **MPCA** Clean Water Council Member MAPS CODE BLOCK Distrib % Fund Agency SOrg Appr SObj Proj Rpt Cat Description R32 100 25 2302 R3237007 Distrib % Fund SOrg Actv SObj Rpt Cat Description Agency Appr Proj Date Daily Description/Comments MEALS Total All Meals Total All Meals Lodaina Conference Air Fare Per Diem ITINERARY Trip Mileage Mileage Total Total В D W/O Lodging With Lodging Miles & Local Fee Parking Rate Amount Time Location \$ 0.70 \$ Departure \$ 0.70 \$ Arrival St.Paul \$ Departure St.Paul \$ 0.70 0.70 \$ Arrival \$ \$ 0.70 \$ Departure \$ 0.70 Arrival \$ \$ 0.70 Departure \$ 0.70 \$ Arrival \$ Departure 0.70 Arrival \$ 0.70 \$ Departure \$ 0.70 \$ 0.70 \$ Δrrival \$ Departure \$ 0.70 \$ 0.70 \$ \$ 0.70 \$ Departure \$ \$ 0.70 Arrival TOTALS: Enter subtotal of these VEHICLE CONTROL # Mileage Subtotal Total MEA Total MWL Total LDG Total PPH Total CNF Total PKG Total MLE Total Rate totals at far right FOR ACCOUTNING AND INPUT USE ONLY If using private car for out-of-state travel: What would lowest air fare to destination be? Travel not to exceed this amount Input Object Codes & Amounts Column from Above Object Code 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. Living Expense 2.3 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 5 reimbursement. Any benefits received belong to the state. By typing/signing my name below, I certify the above statements to be true and correct, Travel Expense (parking) to the best of my knowledge, and that this information can be used for the purpose of processing this form. Tennessen 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) Conference Expense 1 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 Mileage 411605 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. Meals w/o Lodging 411603 1 6 Per Diem 410706 Grand Total GRAND TOTAL: **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.

TOTAL AMOUNT TO BE PAID

Document ID

Supervisor Signature

Date

Work Phone

\$

**Document Total**