PLEASE READ INSTRUCTIONS ON BACK BEFORE FILLING OUT FORM (PLEASE PRINT)

NON-EMPLOYEE EXPENSE REPORT

[ ] 21 IN-STATE
[ ] 22 OUT-OF-STATE

COST CENTER

First Name	MI	Last Name	Relationship to DES **Statewide Independent Living Council**
Home Address (Include Apt. # if any), City, State and Zip Code			Social Security No.

Trip Dates:
Start : End:

FOR ACCOUNTING USE ONLY

FISCAL YR	FUND	AGENCY	ORG	APPR

DATE	DEPARTURE FROM	DEPARTURE TIME	ARRIVAL TO	ARRIVAL TIME	PROJ	FUNC	PRIV. CAR MILES TRIP MILES	PRIV. CAR MILES LOCAL MILES	MEALS: Actual costs up to limits. B	MEALS L	MEALS D	LODGING	OTHER EXPENSES ITEM	OTHER EXPENSES AMT.	Circle Fare: Air, RR, Bus, Car Rental, Taxi, Parking	CONF. REGIS. FEES	PER DIEM*	SUBTOTALS ACROSS
SUBTOTALS:																		
							[1]	[2]	[3]	[4]		[5]	[6]	[7]	[8]	[1-8]		

**IF USING PERSONAL CAR FOR OUT-OF-STATE TRAVEL:
What would air fare to destination be?

$ _____ DO NOT CLAIM EN ROUTE MILEAGE AND EXPENSES IN EXCESS OF 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 herein shown and hereby authorize payroll deduction of any such advances not accounted for within 30 days ofter completion of trip.

State employees and other officials using state funds traveling on state business and using commercial airlines can't 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.

Signature Date

APPROVED: Based on knowledge of the necessity for travel and expense and on the basis of compliance with all provisions of applicable travel regulations.

Authorized Approval Signature Date

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Vendor Number

SESA

Transaction Date - Number

INPUT OBJECT CODES & AMOUNTS

Obj. Code	Amount	Cols.
1E20 Per Diem		8
2G01 or 2H01 Living Expenses		1-5
2G00 or 2H00 Travel Expenses		6
2L01 or 2L02 Conference		7
2G10 or 2H10 Mileage within IRS Rate		
TOTAL		

MILEAGE CLAIMED

MILES _____
RATE _____
AMOUNT _____
[9]

TOTAL AMOUNT TO BE PAID:
$ _____

* Per Diem - Per M.S. 15.06, Subd. 3