

**SOUTHWEST MINNESOTA
RRB, RAC, & USER COMMITTEE
EXPENSE REIMBURSEMENT REQUEST**

NAME: _____ **AGENCY:** _____

TITLE: _____ **DATE OF REQUEST:** _____

MAILING ADDRESS: _____

TRAVEL EXPENSES:

Purpose of Trip: _____

Destination: _____

Departure Date: _____ Return Date: _____

Personal Vehicle Reimbursement:

Rate per Mile (\$): \$0.50 Miles Driven: _____ \$ _____

OTHER EXPENSES: (Hotel/Motel, Registration, Parking, etc. - Please list):

_____ \$ _____

MEALS:

Individual Meal Per Diem (list dates):

Breakfast: _____ Dates: _____ \$ _____

Lunch: _____ Dates: _____ \$ _____

Dinner: _____ Dates: _____ \$ _____

Name(s) of other persons included in meal reimbursement request:

TOTAL AMOUNT TO BE PAID \$ _____

I declare under penalties of law that this account, claim or demand is just and correct and that no part of it has been paid.

Signature of Claimant: _____ Date: _____

Approved By: _____ Date: _____

Account Code: _____

NOTE: All receipts including those for meals, lodging, plane fare, miscellaneous items must be attached.