

| | | | | | | | | | | | | | | | |
|--|--|---|-----------------|-------------------------------|---|--|--|--------|--|---|--|------------|--|-------------------------------|--|
| <input type="checkbox"/> IN-STATE <input type="checkbox"/> OUT-OF-STATE | | <input type="checkbox"/> SHORT TERM ADVANCE <input type="checkbox"/> RECURRING ADVANCE | | SEMA4 EMPLOYEE EXPENSE REPORT | | | | | | <input type="checkbox"/> Check if advance was issued for these expenses <input type="checkbox"/> FINAL EXPENSE(S) FOR THIS TRIP? | | | | | |
| Employee Name | | Home Address (Include City and State) | | | Permanent Work Station (Include City and State) | | | Agency | | 1-Way Commute Miles | | Job Title | | | |
| Employee ID | | Rcd # | Trip Start Date | | Trip End Date | | Reason for Travel/Advance (30 Char. Max) [example: XYZ Conference, Dallas, TX] | | | | | Barg. Unit | | Expense Group ID (Agency Use) | |

| Chart String(s) | A | Accounting Date | Fund | Fin DeptID | AppropriID | SW Cost | Sub Acct | Agncy Cost 1 | Agncy Cost 2 | PC BU | Project | Activity | Srcr Type | Category | Sub-Cat | Distrib % |
|-----------------|-----------------|-----------------|------|------------|------------|---------|----------|--------------|--------------|-------|---------|----------|-----------|----------|---------|-----------|
| | B | | | | | | | | | | | | | | | |
| | A. Description: | | | | | | | | | | | | | | | |
| B. Description: | | | | | | | | | | | | | | | | |

| Date | Daily Description | Itinerary | | Trip Miles | Total Trip & Local Miles | Mileage Rate | Figure mileage reimbursement below | Meals ✓ | | | Total Meals (overnight stay) | Total Meals (no overnight stay) taxable | Lodging | Personal Telephone | Parking | Total |
|------|-------------------|-----------|----------|-------------------|--------------------------|--------------|------------------------------------|--------------------------|--------------------------|--------------------------|------------------------------|---|---------------|--------------------|---------------|--------------|
| | | Time | Location | | | | | B | L | D | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | Depart | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| | | | Arrive | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| | | | Depart | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| | | | Arrive | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| | | | Depart | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| | | | Arrive | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| | | | Depart | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| | | | Arrive | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| | | | Depart | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| | | | Arrive | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| | | | Depart | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| | | | Arrive | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| | | | Depart | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| | | | Arrive | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| | | | | VEHICLE CONTROL # | | Total Miles | | | | | Total MWI/MWO | Total MEI/MEO | Total LGI/LGO | Total PHI/PHO | Total PKI/PKO | Subtotal (A) |

| MILEAGE REIMBURSEMENT CALCULATION | | | | OTHER EXPENSES – See reverse for list of Earn Codes. | | | |
|---|------|-------------|--------------------|--|-----------|---|-------|
| Enter the rates, miles, and total amounts for the mileage listed above. Get the IRS rate from your agency business expense contact. | Rate | Total Miles | Total Mileage Amt. | Date | Earn Code | Comments | Total |
| 1. Enter rate, miles, and amount being claimed at equal to the IRS rate . | | | | | | | |
| 2. Enter rate, miles, and amount being claimed at less than the IRS rate . | | | | | | | |
| 3. Enter rate, miles, and amount being claimed at greater than the IRS rate . | | | | | | | |
| 4. Add the total mileage amounts from lines 1 through 3. | | | | | | | |
| 5. Enter IRS mileage rate in place at the time of travel. | | | | | | | |
| 6. Subtract line 5 from line 3. | | | | | | | |
| 7. Enter total miles from line 3. | | | | | | Subtotal Other Expenses: | (B) |
| 8. Multiply line 6 by line 7. This is taxable mileage. | | | (Copy to Box C) | | | Total taxable mileage greater than IRS rate to be reimbursed: | (C) |
| 9. Subtract line 8 from line 4. If line 8 is zero, enter mileage amount from line 4. This is non-taxable mileage. | | | (Copy to Box D) | | | Total nontaxable mileage less than or equal to IRS rate to be reimbursed: | (D) |
| Grand Total (A + B + C + D) | | | | | | | |

If using private vehicle for out-of-state travel: What is the lowest airfare to the destination? _____ Total Expenses for this trip must not exceed this amount.

I declare, under penalty of perjury, that this claim is just, correct and that no part of it has been paid or reimbursed by the state of Minnesota or by another party except with respect to any advance amount paid for this trip. I AUTHORIZE PAYROLL DEDUCTION OF ANY SUCH ADVANCE. I have not accepted personal travel benefits.

| | |
|---|--|
| Employee Signature _____ Date _____ Work Phone: _____ | Less Advance issued for this trip: _____ Total amount to be reimbursed to the employee: _____ Amount of Advance to be returned by the employee by deduction from paycheck: _____ |
|---|--|

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

| | |
|---|---|
| Supervisor Signature _____ Date _____ Work Phone: _____ | Appointing Authority Designee (Needed for Recurring Advance and Special Expenses) Signature _____ Date _____ |
|---|---|

EMPLOYEE EXPENSE REPORT (Instructions)

DO NOT PAY RELOCATION EXPENSES ON THIS FORM.

See form FI-00568 Relocation Expense Report. Relocation expenses must be sent to Minnesota Management & Budget, Statewide Payroll Services, for payment.

USE OF FORM: Use the form for the following purposes:

1. To reimburse employees for authorized travel expenses.
2. To request and pay all travel advances.
3. To request reimbursement for small cash purchases paid for by employees.

COMPLETION OF THE FORM: Employee: Complete, in ink, all parts of this form. If claiming reimbursement, enter actual amounts you paid, not to exceed the limits set in your bargaining agreement or compensation plan. If you do not know these limits, contact your agency's business expense contact. Employees must submit an expense report within 60 days of incurring any expense(s) or the reimbursement comes taxable.

All of the data you provide on this form is public information, except for your home address. You are not legally required to provide your home address, but the state of Minnesota cannot process certain mileage payments without it.

Supervisor: Approve the correctness and necessity of this request in compliance with existing bargaining agreements or compensation plans and all other applicable rules and policies. Forward to the agency business expense contact person, who will then process the payments. Note: The expense report form must include original signatures.

Final Expense For This Trip?: Check this box if there will be no further expenses submitted for this trip. By doing this, any outstanding advance balance associated with this trip will be deducted from the next paycheck that is issued.

1-Way Commute Miles: Enter the number of miles from your home to your permanent workstation.

Expense Group ID: Entered by accounting or payroll office at the time of entering expenses. The Expense Group ID is a unique number that is system-assigned. It will be used to reference any advance payment or expense reimbursement associated with this trip.

Earn Code: Select an Earn Code from the list that describes the expenses for which you are requesting reimbursement. Be sure to select the code that correctly reflects whether the trip is in state or out-of-state. **Note:** Some expense reimbursements may be taxable.

Travel Advances, Short-Term and Recurring: An employee can only have one outstanding advance at a time. An advance must be settled before another advance can be issued.

Travel Advance Settlement: When the total expenses submitted are less than the advance amount or if the trip is cancelled, the employee will owe money to the state. Except for rare situations, personal checks will not be accepted for settlement of advances; a deduction will be taken from the employee's paycheck.

FMS ChartStrings: Funding source(s) for advance or expense(s)

Mileage: Use the **Mileage Reimbursement Calculation** table to figure your mileage reimbursement. Mileage may be authorized for reimbursement to the employee at one of three rates (referred to as the equal to, less than, or greater than rate). The rates are specified in the applicable bargaining agreement/compensation plan. Note: If the mileage rate you are using is above the IRS rate at the time of travel (this is not common), part of the mileage reimbursement will be taxed.

Vehicle Control #: If your agency assigns vehicle control numbers follow your agency's internal policy and procedure. Contact your agency's business expense contact for more information on the vehicle control number procedure.

Personal Travel Benefits: State employees and other officials cannot accept personal benefits resulting from travel on state business as their own. These benefits include frequent flyer miles/points and other benefits (i.e. discounts issued by lodging facilities.) Employees must certify that they have not accepted personal travel benefits when they apply for travel reimbursement.

Receipts: Attach itemized receipts for all expenses except meals, taxi services, baggage handling, and parking meters, to this reimbursement claim. The Agency Designee may, at its option, require attachment of meal receipts as well. Credit card receipts, bank drafts, or cancelled checks are not allowable receipts.

Copies and Distribution: Submit the original document for payment and retain a copy for your employee records.

| | Earn Code | | | Earn Code | |
|------------------------------|-----------|--------------|--|-----------|--------------|
| Description | In State | Out of State | Description | In State | Out of State |
| Advance | ADI | ADO | Membership | MEM | |
| Airfare | ARI | ARO | Mileage > IRS Rate | MIT* | MOT* |
| Baggage Handling | BGI | BGO | Mileage < or = IRS Rate | MLI | MLO |
| Car Rental | CRI | CRO | Network Services | NWK | |
| Clothing Allowance | CLA | | Other Expenses | OEI | OEO |
| Clothing-Non Contract | CLN | | Parking | PKI | PKO |
| Communications - Other | COM | | Photocopies | CPI | CPO |
| Conference/Registration Fee | CFI | CFO | Postal, Mail & Shipping Svcs.(outbound) | PMS | |
| Department Head Expense | DHE | | Storage of State Property | STO | |
| Fax | FXI | FXO | Supplies/Materials/Parts | SMP | |
| Freight & Delivery (inbound) | FDS | | Telephone, Business Use | BPI | BPO |
| Hosting | HST | | Telephone, Personal Use | PHI | PHO |
| Laundry | LDI | LDO | Training/Tuition Fee | TRG | |
| Lodging | LGI | LGO | Taxi/Airport Shuttle | TXI | TXO |
| Meals With Lodging | MWI | MWO | Vest Reimbursement | VST | |
| Meals Without Lodging | MEI* | MEO* | Note: * = taxable, taxed at supplemental rates | | |