

<input type="checkbox"/> IN-STATE	<input type="checkbox"/> SHORT TERM ADVANCE	SEMA4 EMPLOYEE EXPENSE REPORT	<input type="checkbox"/> Check if advance was issued for these expenses
<input type="checkbox"/> OUT-OF-STATE	<input type="checkbox"/> RECURRING ADVANCE		<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)		

MAPS ACCOUNT (S)	FY	Fund	Agency	Org	SOrg	Appr	Actv	SObj	Project	Rpt Cat	Description	Distrib %

Date	Daily Description	Itinerary		Trip Miles	Total Trip & Local Mi	Mileage Rate	Meals ✓			Total Meals (overnight stay)	Total Meals no overnight stay	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		Figure mileage reimbursement below			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.			
	Rate	Total Miles	Total Mileage Amt.	Date	Earn Code	Comments	Total
1. Enter the rate, total miles, and amount for the mileage listed above being claimed at a rate less than or equal to the IRS rate. Get IRS rate from your agency business expense contact.							
2. Enter the rate, total miles, and amount for the mileage listed above being claimed at a rate above the IRS rate. (If no mileage is claimed above the IRS rate, enter zero.)							
3. Add the total mileage amounts from lines 1 & 2.							
4. Enter IRS mileage rate in place at the time of travel.							
5. Subtract line 4 from line 2.							
6. Enter total miles from line 2.						Subtotal Other Expenses	(B)
7. Multiply line 5 by line 6. This is taxable mileage.			(Copy to Box C)			Total taxable mileage greater than IRS rate to be reimbursed:	(C) MIT or MOT
8. Subtract line 7 from line 3. If line 7 is zero, enter mileage amount from line 1. This is non-taxable mileage.			(Copy to Box D)			Total nontaxable mileage less than or equal to IRS rate to be reimbursed:	(D) MLI or MLO

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.

**Grand Total (A + B + C + D)**

I declare, under penalty of perjury, that this claim is just, correct and that no part of it has been paid by the state of Minnesota or reimbursed 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 claimed frequent flyer mileage as my own.

Less Advance issued for this trip: \_\_\_\_\_

Total amount to be reimbursed to the employee: \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Work Phone \_\_\_\_\_

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.	Appointing Authority Designee (Needed for Recurring Advance and Special Expenses)
Supervisor Signature _____ Date _____ Work Phone _____	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 that are applicable to the expenses you are submitting. If claiming reimbursement, enter actual amounts paid, up to the limits set in your bargaining agreement or compensation plan. If you do not know these limits, refer to your bargaining agreement or compensation plan or contact your agency's business expense contact person. Do not enter more than the set limit for any item.

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 applies to 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.

**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. Instead of submitting personal checks for the amount owed, a deduction will be taken from the employee's paycheck.

**MAPS Account:** Funding source(s) for advance or expense(s)

**Mileage:** Use the **Mileage Reimbursement Calculation** table to figure your mileage reimbursement. 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. Use the Mileage Reimbursement Calculation table to figure the taxable and non-taxable reimbursement amounts.

**Vehicle Control Number:** When a private vehicle is used by an employee in the seven-county metro area, the employee may be subject to the vehicle control number procedure. Mileage may be authorized for reimbursement to the employee at one of two possible rates (referred to as the higher or lower rate). The rates are specified in the applicable bargaining agreement or compensation plan. When a vehicle control number is issued by the agency contact, it must be included on this form to be reimbursed at the higher rate. Ask your agency business expense contact person for more information on the vehicle control number procedure.

**Frequent Flyer Mileage:** 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 reimbursement. Any benefits received belong to the state.

**Receipts:** Attach original 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.

Description	Earn Code		Description	Earn Code	
	In State	Out of State		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		