



MINNESOTA ASSOCIATION  
OF PROFESSIONAL EMPLOYEES

# COMMITTEE EXPENSE REPORT 2020

**ALL RECEIPTS MUST BE ATTACHED TO BE COMPENSATED & MUST HAVE APPROVAL OF COMMITTEE CHAIR**

Name	01-59000-_____ Other/Misc. Expense	\$ _____																
Street Address	01-55100-_____ Membership Awards and Prizes	\$ _____																
City, State, Zip Code	01-58920-_____ Lodging (Please check if direct bill)_____	\$ _____																
Daytime Phone (including area code)	01-58970-_____ Food/Beverage (Guidelines: B-\$9, L-\$11, D-\$16)	\$ _____																
Date of Meeting	01-58905-_____	\$ _____																
Place of Meeting	<table border="1"> <thead> <tr> <th>Dates</th> <th>B</th> <th>L</th> <th>D</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Dates	B	L	D												
Dates	B	L	D															
Start and End Time of Meeting	Name others for whom YOU purchased meals and attach receipt _____																	
Committee Name	01-58950-_____ Auto Mileage: _____ miles x \$.575/mile	\$ _____ -																
	Bonus: \$ .05/mile per member/fairshare passenger List name(s) _____ Any amounts over the IRS rate are subject to withholding.																	
	58900-_____	\$ _____																
	01-58955-_____ Travel/Taxi/Phone/Parking/etc.	\$ _____																
	<b>TOTAL AMOUNT</b>	\$ _____ -																

I hereby certify that this is a correct statement of my expenses as claimed.  
**All expenses are subject to audit and verification can be requested.**

Requester's Signature \_\_\_\_\_  
Work e-mail address \_\_\_\_\_  
Approval: \_\_\_\_\_  
Committee Chair/Statewide Officer

Date \_\_\_\_\_  
Home e-mail address \_\_\_\_\_  
Statewide Treasurer

Revised 1-2-2019

**(Over)**

ALL EXPENSES MUST MEET MAPE REIMBURSEMENT POLICY.  
Contact the MAPE office if you would like a copy of the Reimbursement Policy.

**Back of Expense Report:**

**A** member must be in travel status before 6 am to qualify for a hotel room, dinner, breakfast, and travel time is allowed.

**If** in travel status before 7 am, then reimbursement for breakfast and travel time is allowed.

**If** in travel status after 7 am, then reimbursement for travel time is allowed.

**If** in travel or lost time status from 11:00 a.m. to 1:00 p.m., then reimbursement for lunch is allowed.

**If** in travel status after 6:00 p.m. the day of the meeting, then reimbursement for dinner and Lost Time is allowed.

**If** in travel status after 7:00 p.m. the day of the meeting, then reimbursement for dinner, room and breakfast the next day if you choose to stay overnight, and travel time is allowed.