EXPENSE REPORT - MAPS Accounting Component - Only for Persons Not on SEMA4*

☐ IN-STATE ☐ SHORT TERM ADVANCE ☐ OUT-STATE ☐ RECURRING ADVANCE	Reason for Travel/Advance (30 char. max)	Employee Name	Home Address (include City and State) *	Social Security Number *
☐ REIMBURSEMENT ☐ **FINAL EXPENSE FOR THIS TRIP?**	Trip Dates: Start/End	Permanent Work Station (include City and State)	Agency	Job Title / Barg Unit

MAPS CODE BLOCK

%	Agency	REQ	FY	Fund	Org	SOrg	Appr	Actv	Object	SObj	Rpt Cat	Project/Job	Description
%	Agency	REQ	FY	Fund	Org	SOrg	Appr	Actv	Object	SObj	Rpt Cat	Project/Job	Description

Date	Daily Description/Comments	MEALS B	MEALS L	T D	Total All Meals W/O Lodging	Total All Meals With Lodging	Lodging	Conference Fee	Air Fare Parking	Other Expenses	ITINERARY Time	ITINERARY Location	Trip Miles	Total Trip and Local Miles	Mileage Rate	Mileage Amount	Total
												Departure					
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TOTALS:	**Enter subtotal of these totals at far right**				Total 1	Total 2	Total 3	Total 4	Total 5	Total 6		VEHICLE CONTROL #		Total Miles	Rate	Total 7	Subtotal

If using private car for out-of-state travel: What would lowest air fare to destination be? $_____

Travel not to exceed this amount

An individual and other officials using state funds traveling on state business and using commercial airlines cannot claim frequent flyer mileage as their own. An individual must certify that s/he has not claimed frequent flyer mileage for personal use when applying for travel reimbursement. Any benefits received belong to the state.

Non-Employee Signature | Date | Work Phone

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 shown

Supervisor Signature | Date | Work Phone

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

FOR ACCOUNTING AND INPUT USE ONLY

INPUT OBJECT CODES & AMOUNTS		Obj. code	Column From Above	Amount
Living Expense		2G01 or 2H01	2,3	
Travel Expense		2G00 or 2H00	5	
Conference Regist. Fees		2L01 or 2L02	4	
Mileage - IRS Rate		2G10 or 2H10	7	
Advance Payment		2G03 or 2H03	All	
Meals w/o Lodging		2G02 or 2H02	1	
Other			6	
Document I.D.		**DOCUMENT TOTAL**		

* This information is required by the State of Minnesota to reference a tax identification number for every vendor and to provide a current mailing address. The information you provide is confidential and will be used solely for the purpose of creating a vendor number. If you fail to provide this information, payment will be denied. This form is to be used only for non-employee expense reimbursement.

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