

**Community Cooperative Council on HIV/AIDS Prevention
Meeting Expense Invoice**

CCCHAP Member Name:	For MDH Office Use Only
Address:	Approved:
	Processed:
	Vendor No.:
Telephone:	P.O. No.:
CCCHAP Member Signature:	
Date of Signature:	To F.M.:

Mtg Date	Type of Meeting	Itinerary		Trip Miles	Mileage \$ Rate	Mileage \$ Total	Bus Fare	Park-ing	Taxi	Hotel	Meal Type	Meal \$ Total	Per Diem	Sub-Total \$
		Time	Place											
	<input type="checkbox"/> CCCHAP <input type="checkbox"/> Committee <input type="checkbox"/> _____		Depart		\$0.555						<input type="checkbox"/> B \$7 <input type="checkbox"/> L \$9 <input type="checkbox"/> D \$15			
		Arrive												
	<input type="checkbox"/> CCCHAP <input type="checkbox"/> Committee <input type="checkbox"/> _____		Depart		\$0.555						<input type="checkbox"/> B \$7 <input type="checkbox"/> L \$9 <input type="checkbox"/> D \$15			
		Arrive												
	<input type="checkbox"/> CCCHAP <input type="checkbox"/> Committee <input type="checkbox"/> _____		Depart		\$0.555						<input type="checkbox"/> B \$7 <input type="checkbox"/> L \$9 <input type="checkbox"/> D \$15			
		Arrive												
	<input type="checkbox"/> CCCHAP <input type="checkbox"/> Committee <input type="checkbox"/> _____		Depart		\$0.555						<input type="checkbox"/> B \$7 <input type="checkbox"/> L \$9 <input type="checkbox"/> D \$15			
		Arrive												
	<input type="checkbox"/> CCCHAP <input type="checkbox"/> Committee <input type="checkbox"/> _____		Depart		\$0.555						<input type="checkbox"/> B \$7 <input type="checkbox"/> L \$9 <input type="checkbox"/> D \$15			
		Arrive												
	<input type="checkbox"/> CCCHAP <input type="checkbox"/> Committee <input type="checkbox"/> _____		Depart		\$0.555						<input type="checkbox"/> B \$7 <input type="checkbox"/> L \$9 <input type="checkbox"/> D \$15			
		Arrive												
Total Amounts →				Miles	Rate	Mileage \$	Bus Fare	Parking	Taxi	Hotel		Meals	Per Diems	Total Due
					\$0.555									

MDH Representative Signature _____

Date _____

Call Jessica Barry at 651-201-4005 with questions.

INSTRUCTIONS TO COMPLETE THE CCCHAP MEETING EXPENSE FORM

1. Enter your name.
2. Enter your address.
3. Enter your telephone number.
4. Enter your signature and date of signature.
5. Under the “Mtg Date” column, enter the meeting date. When necessary, you can use two rows per meeting. For example, use one row to document your expenses from departure to your destination. Use a second row to document your expenses for your return trip.
6. Under the “Type of Meeting” column, enter a check mark in the appropriate box to indicate the type of meeting you attended.
7. Under “Itinerary”, enter the *time of your departure* and the origin of your departure (example: home or hotel).
8. Under “Itinerary”, enter the *time of your arrival* and the destination location (example: Snelling Office Park or Hotel or Urban League).
9. Under “Trip Miles”, enter the number of miles you traveled.
10. Using the “Mileage Rate”, calculate the amount of money that should be reimbursed for the number of miles you entered in step 9. Enter this amount in dollars and cents under the “Mileage \$ Total” column.
11. Under the “Bus Fare” column, enter the amount you paid for your Bus Fare or Light Rail/Train fare. Receipts are NOT required.
12. Under the “Parking” column, enter the amount you paid for Parking. Receipts ARE required unless you used street meter parking.
13. Under the “Taxi” column, enter the amount you paid for cab or taxi fare. Receipts ARE required.
14. Under the “Hotel” column, enter the amount you paid for lodging. Please refer to the expense reimbursement policy for details. Receipts ARE required.
15. Under the “Meal Type” column, place a check mark next to the “B” if you incurred a breakfast expense. Place a check mark next to the “L” if you incurred a lunch expense. Place a check mark next to the “D” if you incurred a dinner expense. The allowances for breakfast, lunch and dinner are predetermined amounts.
16. Under the “Meals \$ Total” column, enter the total daily dollar amount for meal allowances. Example: If you drove from Duluth for an all day CCCHAP meeting. You stopped to have breakfast on the way to the meeting and stopped for dinner on the way back from the meeting. At the CCCHAP meeting, lunch was provided. Your calculation would be $B + D = \$7 + \$15 = \$22$.
17. Depending on your Annual Plan (your contract with MDH), you may be able to claim a daily allowance called a stipend. Under the “Stipend” column, enter your stipend amount in dollars and cents.
18. Under the “Sub-Total \$” column, enter the total expenses claimed. Calculate this amount by adding the amounts from the previous columns (“Mileage \$ Total”, “Bus Fare”, “Parking”, “Taxi”, “Hotel”, “Meal \$ Total”, “Stipend”).
19. At the bottom of the form, calculate and enter the “Total Amounts” for each column. This includes “Miles”, “Mileage \$”, “Bus Fare”, “Parking”, “Taxi”, “Hotel”, “Meals”, “Stipends”.
20. Enter the total amount to be reimbursed to you in the “Total Due” box located at the lower-right corner of the form. Calculate this amount by adding up all of the “Total Amounts” from step 19.
21. Mail the completed form along with the required receipts to:

Minnesota Department of Health

STD and HIV Section

PO Box 64975

St. Paul, MN 55164-0975

Attn: Jessica Barry