



**MINNESOTA ASSOCIATION FOR COURT MANAGEMENT  
EXPENSE REIMBURSEMENT FORM**

See [policy](http://mnmacm.org) posted on [mnmacm.org](http://mnmacm.org) for details

Name:

County or  
District Admin:

Home  
Address:

Business  
Address:

**Select purpose of meeting or expense (appropriate Budget)**

- Board of Directors
- Conference
- Education
- Executive Board
- Legislative & Outreach
- Membership Services
- NACM
- Past President
- President
- Treasurer
- Technology
- Other:

**Date(s) expenses were incurred:**

**\* In order to be reimbursed by MACM, all requests must be submitted to the MACM Treasurer within 60 days from the date the expense is incurred.**

**Justification for expense (ie. meeting and date approved):**

Beginning Address

Destination 1

Destination 2

Destination 3

Destination 4

Destination 5

Destination 6

Ending Address

Total Miles - Commute Miles = x Mileage Rate of = in mileage reimbursement

**Other Costs:** Parking

Meals - Breakfast (max. \$9)

Meals - Lunch (max. \$11)

Meals - Dinner (max. \$16)

Lodging \*Requires justification statement or minutes attached.

Other (specify)

Other (specify)

Scholarship Date awarded

**Total Reimbursement:**

Approval/Authorization

**EXPENSE REQUEST MUST BE APPROVED BY COMMITTEE CHAIRPERSON(S) PRIOR TO PAYMENT BY THE MACM TREASURER.**

Please mail reimbursement to: Home Work

**Requester Signature:**

**Date:**

**Chair/President Signature:**

**Date:**

Send completed and approved form to: [MACM.Treasurer@courts.state.mn.us](mailto:MACM.Treasurer@courts.state.mn.us)