



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

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

Name:

County or
District Admin:

Home
Address:

Business
Address:

Select purpose of meeting or expense (appropriate Budget)

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

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