



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

See policy posted on mnmacm.org for details

Name:

County or
District Admin:

Home
Address:

Business
Address:

Select purpose of meeting or expense (appropriate Budget)

Date(s) expenses were incurred:

- Board of Directors
- Conference
- Education
- Executive Board
- Legislative & Outreach
- Membership Services
- NACM

- Past President
- President
- Treasurer
- Technology

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