

AWWA - MINNESOTA SECTION EXPENSE REPORT

(Receipts Required - See Back of Form)

MEETING/FUNCTION/PLACE: _____

DAILY EXPENSES

	Date						Less Personal Expenses	Net Expenses
TRAVEL								
Travel fare (air, etc.)	_____	_____	_____	_____	_____	_____	_____	_____
Car rental, taxi, etc.	_____	_____	_____	_____	_____	_____	_____	_____
Personal car mileage	_____	_____	_____	_____	_____	_____	_____	_____
Tolls, Parking	_____	_____	_____	_____	_____	_____	_____	_____
HOTEL/MOTEL:								
Room	_____	_____	_____	_____	_____	_____	_____	_____
MEALS								
Breakfast	_____	_____	_____	_____	_____	_____	_____	_____
Lunch	_____	_____	_____	_____	_____	_____	_____	_____
Dinner	_____	_____	_____	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____	_____	_____	_____
MISCELLANEOUS								
Tip	_____	_____	_____	_____	_____	_____	_____	_____
Phone	_____	_____	_____	_____	_____	_____	_____	_____
Internet Access	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____	_____	_____	_____	_____

Amount Due _____

SIGNATURE _____ DATE _____

NAME _____

ADDRESS _____

Please explain unusual expenses: _____

AWWA - MN SECTION EXPENSE REPORT INSTRUCTIONS

Reports are to be submitted ten (10) working days after each trip and accompanied by applicable receipts and explanations for all expenses.

Record hotel charges by individual date. DO NOT break out any meals or miscellaneous charges to the hotel account – write “See Room” on the day these charges apply on the appropriate line. Please attach itemized statement.

If the hotel is billed on a master account, DO NOT record the charges on the report. Identify room expenses as being “Billed to Master Account.”

Please explain unusual expenses in the section provided.

Total columns down and across to double check net expense amount.

All reports should be forwarded to:

Minnesota Section–AWWA
Stew Thornley
MN Department of Health
P.O. Box 64975
St. Paul, MN 55164-0975.

AWWA – Minnesota Section will make every effort to reimburse you within 10 working days of receiving your request(s).