



**CENTRAL MINNESOTA
Workforce Development Board**

WDB Expense Reimbursement Request

To receive reimbursement, this form must be completed in its entirety. Include all information pertinent to the expense(s), including meeting purpose and total reimbursement amounts.

Name
Mailing Address
City, State, Zip

Meeting Date	TRAVEL			Per Diem**	Meals*	Other*	Purpose of Meeting	TOTAL
	Start from	To	Total Miles					

* Receipts for expenses must be attached for reimbursement.

** Per diems (for attendance to board and committee meetings only)

One-half day (up to 4 hours): \$35.00
Full day (over 4 hours): \$55.00

Under Minnesota Statute 15.059 (Subd. 3) per diems for members of advisory boards and committees must not exceed \$55 a day.

The above expenses were incurred in carrying out my duties as a Central Minnesota Workforce Development Board member and are not reimbursable from any other organization I represent.

Total Miles _____ x 0.67 =	\$
Total Meals* =	\$
Total Per Diem** =	\$
Total Other* =	\$
TOTAL REIMBURSEMENT =	\$

CMJTS, Inc. WDB Member Signature
CMJTS, Inc. WDB Treasurer Signature

Approved by Dina Wuornos, CMJTS, Inc. Executive Director
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