**ITEMIZATION AND/OR INVOICE FOR CONTRACTOR’S REIMBURSEMENT**

1. **MnSCU’s AUTHORIZED REPRESENTATIVE TO COMPLETE THIS SECTION:**

|  |  |
| --- | --- |
| NAME AND ADDRESS OF CONTRACTOR: (must match name and address on contract) | |
| P.O. #: | VENDOR #: |
| CONTACT PERSON: | TELEPHONE NUMBER: |

**B. CONTRACTOR TO COMPLETE THIS SECTION (submit additional pages if more than one day in travel status):**

\* Requires original itemized receipts.

\*\*Requires original itemized receipts if actual cost per contract.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DATE | Allowable Expenses | PURPOSE | RATE | TOTAL |
|  | # of Miles: \_\_\_\_\_\_\_  To: \_\_\_\_\_\_\_\_\_\_\_\_\_  From: \_\_\_\_\_\_\_\_\_\_\_ |  | Per current  Commissioner’s  Plan |  |
|  | Parking Fees (non meter)\* |  | Actual cost |  |
|  | Parking Meters/Tolls |  | Actual cost |  |
|  | Air Fare\* |  | Actual cost |  |
|  | Taxi\* |  | Actual cost |  |
|  | Rental Car\* |  | Actual cost |  |
|  | Overnight Lodging\* |  | Actual cost |  |
|  | Long Distance Call |  | Actual cost |  |
|  | Breakfast, if in travel status\*\* |  | Actual cost or  per Diem |  |
|  | Lunch, if in travel status\*\* |  | Actual cost or  per Diem |  |
|  | Dinner, if in travel status\*\* |  | Actual cost or  per Diem |  |
|  | Supplies\* |  | Actual cost |  |
|  | Copy Charges\* |  | Actual cost |  |
|  | Fax Charges\* |  | Actual cost |  |
|  | Other\* |  | Actual cost |  |
|  | Compensation/Fee for services rendered |  |  |  |
|  | TOTAL |  |  |  |

**C. SIGNATURES REQUIRED FOR PAYMENT:**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Verification of Expenses by Contractor) (Approval by MnSCU’s Authorized Representative)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_