



**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 of \$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 0.30 =   | \$        |
| Total Meals* =               | \$        |
| Total Per Diem** =           | \$        |
| Total Other* =               | \$        |
| <b>TOTAL REIMBURSEMENT =</b> | <b>\$</b> |

CMJTS, Inc. WDB Member Signature

CMJTS, Inc. WDB Treasurer Signature

Approved by Dina Wuornos, CMJTS, Inc. Executive Director