

Midwest Children's Advocacy Center
347 N. Smith Ave, Suite #401
St. Paul, MN 55102
Phone: 651/220-6065 or 1-888-422-2955
Fax: 651/686-0243 or 651-220-7637
e-mail: MRCAC@childrensmn.org

Midwest Regional Children's Advocacy Center Expense Form

Procedure: Please complete the following expense sheet and submit along with 1 copy of your **ITEMIZED** receipts and boarding passes as well as any other documentation so that you can be reimbursed fully. Expenses must be submitted in a timely manner to assure proper attention. **Expenses submitted greater than 30 days after the expenses occur are in jeopardy of reimbursement unless prior consent from MRCAC has occurred. Feel free to add extra space as needed to include all expenses.**

Process: A reimbursement check will be mailed to the name and address submitted below. Questions or concerns should be directed to Kim Martinez, Outreach Coordinator-MRCAC. You must KEEP and SUBMIT all boarding passes as well as an agenda from the event you attended.

Verification: I certify that the expenses submitted below are accurate and have not been previously paid/reimbursed by any other grant/funds.

Signature: _____

Date: _____

Location of Training: _____

Brief description of how funds were spent (I.e. national conference, leadership conference, bootcamp, reimbursement for chapter grant, etc):

Expenses: Please arrange receipts, documentation in order chronological order to flow with expense report below:

Airfare (remember to include proof of payment and boarding passes)		Comments:	Please do not use this space
Amount:	*Please note, we do not pay for baggage fees		
Date:			

Auto Miles (include number of miles driven from starting point to ending point I.e. 400 miles from Minneapolis to Chicago). We will calculate the total amount to be reimbursed based on the mileage you provide)		Comments:	Please do not use this space
Mileage			
Date:			
Date:			
Date:			

Parking/Shuttle/Tolls (must submit proof of payment)		Comments:	Please do not use this space
Amount:			
Date:			
Date:			
Date:			
Date:			

Taxi Cab (must submit proof of payment)		Comments:	Please do not use this space
Amount:			
Date:			
Date:			
Date:			
Date:			

Meals: (must include itemized, detailed receipts. WE DO NOT REIMBURSE FOR ALCOHOL)		Comments:	Please do not use this space
Amount:			
Date:			
Date:			
Date:			
Date:			

Lodging (must include itemized receipt showing "paid in full")

	Amount:
Date:	
Date:	
Date:	

Comments:		Please do not use this space

Miscellaneous Expenses (i.e. conference registration). Please give description under "Comment" section:

	Amount
Date:	
Date:	

Comments:		Please do not use this space

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TOTAL:		
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Please print clearly:

Name: _____ Date: _____

Address (for check to be mailed to): _____

Organization/CAC: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ - _____ Social Security Number/Tax ID Number: _____

Signature of Requester: _____