



AFFIDAVIT FOR EMPLOYEE REIMBURSEMENT

State of Minnesota

County of \_\_\_\_\_

\_\_\_\_\_, Being first duly sworn, says that he/she is an employee of the State of Minnesota, Minnesota State Colleges and Universities and that on \_\_\_\_\_, 20\_\_\_\_, he/she

\_\_\_\_\_ Purchased a ticket for transportation from \_\_\_\_\_ to \_\_\_\_\_ for which the sum of \$\_\_\_\_\_ was paid.

\_\_\_\_\_ Paid a registration fee of \$\_\_\_\_\_ to \_\_\_\_\_.

\_\_\_\_\_ Secured lodging at \_\_\_\_\_ in \_\_\_\_\_ for which the sum of \$\_\_\_\_\_ was paid.

\_\_\_\_\_ \_\_\_\_\_ for which \$\_\_\_\_\_ was paid.

\_\_\_\_\_ And further, that a receipt was not obtained for the above expenditure(s).

\_\_\_\_\_ And further, that a receipt was obtained but that it was lost.

This expense was incurred as an employee of the State of Minnesota on official business.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Notary Public

\_\_\_\_\_ County, Minnesota  
My commission expires \_\_\_\_\_