

MINNESOTA STATE COLLEGES AND UNIVERSITIES
Office of the Chancellor
500 Wells Fargo Place
30 East 7th Street
St. Paul, MN 55101

AFFIDAVIT FOR EMPLOYEE REIMBURSEMENT

State of Minnesota

County of _____

I, _____, Being first duly sworn, says that

I am an employee of the State of Minnesota, Minnesota State Colleges and Universities and

that on _____, 20____, I

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 _____, 200_____.

Employee's Signature

Notary Public

_____ County, Minnesota

My commission expires _____

Affidavit