

**EDUCATION MINNESOTA  
PAYMENT/REIMBURSEMENT FORM**

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

INCOMPLETE OR INACCURATE INFORMATION VOIDS PAYMENT

\_\_\_\_\_  
Date Place Purpose/Description Amount

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL TO BE PAID

\_\_\_\_\_

"I hereby certify that this is a true and correct statement of the expenses I am claiming."

\_\_\_\_\_  
Signature

Reimbursement:

DO NOT WRITE IN THIS SECTION

DATE PAID \_\_\_\_\_

CHECK # \_\_\_\_\_

AMOUNT \_\_\_\_\_

\_\_\_\_\_  
Signature/Authorization of Treasurer