

<input type="checkbox"/> IN-STATE	<input type="checkbox"/> SHORT TERM ADVANCE	SEMA4 EMPLOYEE EXPENSE REPORT	<input type="checkbox"/> Check if advance was issued for these expenses
<input type="checkbox"/> OUT-OF-STATE	<input type="checkbox"/> RECURRING ADVANCE		<input type="checkbox"/> Final expense(s) for this trip?

Employee Name			Home Address (Include City and State)			Permanent Work Station (Include City and State)			Agency	1-Way Commute Miles
Employee ID	EmplRcd#	Job Title	Trip Start Date	Trip End Date	Reason for Travel/Advance (30 Char. Max) [example: XYZ Conference, Dallas, TX]				Barg. Unit	Expense Group ID (Agency Use)

MAPS ACCOUNTS	FY	Fund	Agency	Org	SOrg	Appr	Actv	SOBJ	Project	Rpt Cat	Description	Distrib %

Date (MMDDYY)	Daily Description	Itinerary		Trip Miles	Trip & Local Miles Combined	Mileage Rate	Meals			Total Meals (overnight stay)	Total Meals (no overnight stay)	Lodging	Personal Telephone	Parking	Total
		Time	Location				B	L	D						
			Depart				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
			Arrive				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
			Depart				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
			Arrive				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
			Depart				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
			Arrive				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
			Depart				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
			Arrive				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
			Depart				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
			Arrive				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
			Depart				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
			Arrive				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
			Depart				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
			Arrive				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
VEHICLE CONTROL #					Total Miles		Calculate mileage reimbursement below			Total MWI/MWO	Total MEI/MEO	Total LGI/LGO	Total PHI/PHO	Total PKI/PKO	Subtotal (A)

MILEAGE REIMBURSEMENT CALCULATION	OTHER EXPENSES – See list of earnings codes in the instructions.
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	Mileage Rate	Total Miles	Total Mileage Amount	Date	Earn Code	Comments	Total
1. Enter the mileage rate, total miles and amount for the mileage listed above that is being claimed at a rate less than or equal to the IRS rate. Get the IRS rate from your agency business expense contact.							
2. Enter the mileage rate, total miles and amount for the mileage listed above that is being claimed at a rate above the IRS rate. (If no mileage is claimed above the IRS rate, enter zero.)							
3. Add the total mileage amounts from lines 1 & 2.							
4. Enter IRS mileage rate in place at the time of travel.							
5. Subtract line 4 from line 2.							
6. Enter total miles from line 2.						Subtotal Other Expenses	
7. Multiply line 5 by line 6. This is taxable mileage.			(Copy to Box C)			Total taxable mileage greater than IRS rate to be reimbursed:	MIT or MOT
8. Subtract line 7 from line 3. If line 7 is zero, enter mileage amount from line 1. This is non-taxable mileage.			(Copy to Box D)			Total nontaxable mileage less than or equal to IRS rate to be reimbursed:	MLI or MLO

If using a private vehicle for out-of-state travel, what is the lowest airfare to the destination? \_\_\_\_\_ (See **Lowest Airfare** in the instructions.)

I declare, under penalty of perjury, that this claim is just, correct and that no part of it has been paid by the state of Minnesota or reimbursed by another party except with respect to any advance amount paid for this trip. I AUTHORIZE PAYROLL DEDUCTION OF ANY SUCH ADVANCE. I have not claimed frequent flyer mileage as my own.	<b>Grand Total (A + B + C + D)</b>
	Less Advance issued for this trip:
	Total amount to be reimbursed to the employee:
Employee Signature _____ Date _____ Work Phone _____	Amount of Advance to be returned by the employee by deduction from paycheck:

Approved: Based on knowledge of necessity for travel and expense and on compliance with all provisions of applicable travel regulations.	Appointing Authority Designee (Needed for Recurring Advance and Special Expenses)
Supervisor Signature _____ Date _____ Work Phone _____	Signature _____ Date _____

## SEMA4 EMPLOYEE EXPENSE REPORT INSTRUCTIONS

**Do not report relocation expenses on this form.** Report relocation expenses on form FI-00568, Relocation Expense Report.

**Use of Form:** Use this form to request travel advances and reimbursement for authorized travel expenses and small cash purchases.

### Completion of Form:

#### Employee:

- Complete, in ink, all parts of this form that apply to expenses being reported. For reimbursements, enter actual amounts up to the limits set by your bargaining agreement or compensation plan. Refer to your agreement or plan, or contact your agency's business expense contact for assistance. Do not enter more than the set limit for any item.
- All data provided on this form is public information, except for home address. You are not legally required to provide home address, but the state of Minnesota cannot process certain mileage payments without it.
- Attach original itemized receipts for all expenses except meals, taxi services, baggage handling, and parking meters, to this reimbursement claim. The Agency Designee may optionally require meal receipts as well. Credit card receipts, bank drafts, or cancelled checks are not allowable receipts.
- Submit the original document for payment and retain a copy for your records.

**Supervisor:** Review for accuracy, necessity of the request, and compliance with bargaining agreements, compensation plans and applicable rules and policies. Upon approval, sign the form and forward to the agency business expense contact for processing. Form must include original signatures.

**Travel Advances, Short-Term and Recurring:** Only one outstanding advance at a time is allowed. One must be settled before another can be issued.

**Travel Advance Settlement:** Expenses should be submitted to settle an advance within 5 days of the trip end date. When total expenses submitted are less than the advance amount or if the trip is cancelled, the employee owes money to the state. Personal checks are not accepted. Instead, the amount due is deducted from the paycheck.

**Final expense(s) for this trip?** Check the box if no additional expenses will be submitted for this trip. If checked, any outstanding advance balance will be deducted from the next paycheck.

**1-Way Commute Miles:** Enter the number of miles from home to the permanent workstation.

**Expense Group ID (Agency Use):** Obtained and recorded when accounting or payroll staff process the request. Used to reference any advance or reimbursement associated with this trip.

**MAPS Accounts:** Funding source(s) for advance or expense(s)

**Vehicle Control #:** If a private vehicle is used in the seven-county metro area, the vehicle control # procedure may apply. Mileage may be reimbursed at one of two rates, specified in bargaining agreements and compensation plans. When an agency issues a vehicle control number, it must be included on this form to obtain reimbursement at the higher rate. Agency business expense contacts can provide more information on this procedure.

**Mileage Reimbursement Calculation:** Use this table to calculate mileage reimbursements. If a mileage reimbursement rate exceeds the IRS rate effective on the day of travel (this is not common), the portion greater than the IRS rate is taxable. Use this table to determine the taxable and non-taxable amounts.

**Earn Code:** Select an earn code from the list that applies to the expense being reported. Be sure to select correctly based on whether the trip occurs in Minnesota or out-of-state.

**Lowest Airfare:** Reimbursement for transportation to and from a trip destination (including additional expenses incurred while en route, such as mileage, additional meals, or lodging) is limited to the lowest round trip airfare (based on the number of days the employee would have attended if she/he had flown). If the lowest round-trip airfare can only be obtained by the employee arriving early and/or staying an additional night(s), the cost of the additional necessary hotel accommodations and/or meals may be included in computing the amount of the lowest airfare for the purpose of determining the expense reimbursement.

**Frequent Flyer Mileage:** State employees and other officials using state funds traveling on state business and using commercial airlines cannot claim frequent flyer mileage as their own. Employees must certify that they have not claimed frequent flyer mileage for personal use when they apply for travel reimbursement. Any benefits received belong to the state.

**60-Day Limit:** Per IRS rules, expenses submitted more than 60 days after the date the expenditures were incurred are taxable. These expenses will have tax withheld and will be included on the employee's W-2 form.

## EARNINGS CODES

Description	In State	Out of State
Advance	ADI	ADO
Airfare	ARI	ARO
Baggage Handling	BGI	BGO
Car Rental	CRI	CRO
Clothing Allowance	CLA	CLA
Clothing-Non Contract	CLN	CLN
Communications - Other	COM	COM
Conference/Registration Fee	CFI	CFO
Department Head Expense	DHE	DHE
Fax	FXI	FXO
Freight & Delivery (inbound)	FDS	FDS
Hosting	HST	HST
Laundry	LDI	LDO
Lodging	LGI	LGO
Meals With Lodging	MWI	MWO
Meals Without Lodging	MEI *	MEO *
Membership	MEM	MEM
Mileage > IRS Rate	MIT *	MOT *
Mileage < or = IRS Rate	MLI	MLO
Network Services	NWK	NWK
Other Expenses	OEI	OEO
Parking	PKI	PKO
Photocopies	CPI	CPO
Postal/Mail/Shipping Svcs (outbound)	PMS	PMS
Storage of State Property	STO	STO
Supplies/Materials/Parts	SMP	SMP
Telephone, Business Use	BPI	BPO
Telephone, Personal Use	PHI	PHO
Training/Tuition Fee	TRG	TRG
Taxi/Airport Shuttle	TXI	TXO
Vest Reimbursement	VST	VST

Note: \* = taxable, taxed at supplemental rates