



## 2025 Commissioner’s Plan Expense Reimbursement

| TYPE OF EXPENSE   | REIMBURSEMENT ALLOWANCE   |
|---|---|
| State-owned vehicle not available (full IRS rate) (private contractor rate)   | 70 cents per mile   |
| State-owned vehicle available but declined (IRS rate less 7.0 cents)  | 63 cents per mile   |
| Tools and parking fees  | Actual cost   |
| Commercial transportation (air, taxi, rental car, etc.) plus reasonable gratuities  | Actual cost for mode and class of transportation authorized   |
| Specially equipped personal van – provides wheelchair access (IRS rate plus 9.0 cents)  | 79 cents per mile   |
| Motorcycle  | No reimbursement applicable   |
| Personal aircraft   | Current IRS mileage rate  |
| Overnight lodging   | Actual reasonable cost  |
| Laundry and/or dry-cleaning after one week in continuous travel status  | Actual cost, not to exceed \$16.00 dollars per week   |
| Work-related long distance telephone calls  | No reimbursement applicable   |
| Personal telephone calls  | No reimbursement applicable   |
| Special expenses (e.g., conference fees, banquet tickets)   | Actual cost with prior approval   |
| Meals and/plus reasonable gratuities: <ul style="list-style-type: none"> <li>• Breakfast (in travel status overnight or leave home before 6:00 am)</li> <li>• Lunch (in travel status and more than 35 miles from workstation)</li> <li>• Dinner (in travel status overnight or return home after 7:00pm)</li> </ul>  | Actual cost up to maximums<br>Breakfast - \$11.00<br>Lunch - \$13.00<br>Dinner - \$19.00  |
| Meal “bunching” allowed: Two or more consecutive meals reimbursed up to the combined maximum. Dinner and breakfast the following morning are considered consecutive meals. Meals provided as part of the conference or other program are not.   | Outside the contiguous 48 United States or in pre-designated/pre-identified metropolitan areas*<br><br>Breakfast - \$12.00<br>Lunch - \$15.00<br>Dinner - \$23.00 |
| Expenses that are not travel related (e.g., supplies, copy charges, fax)  | Advances if expenses exceed \$50.00.  |
| *(See <a href="#">2024-2025 Special Per Diem Rates</a> for current localities)  |   |
| RECEIPTS: Itemized receipts are required for all expensed except meals, gratuities, driving tolls, parking meters and telephone calls. All forms of cancelled checks and photocopies of credit card bills do not substitute for original receipts. An affidavit in lieu of a receipt may be allowed if the original receipt was lost, damaged, or not obtained. |   |

**ITEMIZED LIST OF CONTRACTOR’S REIMBURSABLE EXPENSES**

A. Minnesota State's AUTHORIZED REPRESENTATIVE TO COMPLETE THIS SECTION:

|                                 |              |
|---------------------------------|--------------|
| Name and Address of Contractor: |              |
| PO Number:                      | Vendor ID:   |
| Contact Name:                   | Phone/Email: |

B. CONTRACTOR TO COMPLETE THIS SECTION (submit additional pages if more than one day in travel status):

| Date | Allowable Expense                | Purpose | Rate                          | Total |
|------|----------------------------------|---------|-------------------------------|-------|
|      | No. of Miles:<br>To:<br>From:    |         | See above for applicable rate |       |
|      | Parking Fees (non meter)*        |         | Actual Cost                   |       |
|      | Air Fare*                        |         | Actual Cost                   |       |
|      | Taxi*                            |         | Actual Cost                   |       |
|      | Rental Car*                      |         | Actual Cost                   |       |
|      | Overnight Lodging*               |         | Actual Cost                   |       |
|      | Long Distance/Personal Call      |         | Actual Cost                   |       |
|      | Breakfast, if in travel status** |         | Up to \$10.00                 |       |
|      | Lunch, if in travel status**     |         | Up to \$13.00                 |       |
|      | Dinner, if in travel status**    |         | Up to \$16.00                 |       |
|      | Supplies*                        |         | Actual Cost                   |       |
|      | Copy Charges*                    |         | Actual Cost                   |       |
|      | Fax Charges*                     |         | Actual Cost                   |       |
|      | Other*                           |         | Actual Cost                   |       |
|      | TOTAL FOR THE DAY                |         |                               |       |

\*Requires original itemized receipts    \*\*Other Metropolitan areas listed above

Remit payment to the following address if different than address from above:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

C. SIGNATURES REQUIRED FOR PAYMENT:

Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Minnesota State Signature: \_\_\_\_\_ Date: \_\_\_\_\_