



2024 Commissioner’s Plan Expense Reimbursement

TYPE OF EXPENSE	REIMBURSEMENT ALLOWANCE
State-owned vehicle not available (full IRS rate) (private contractor rate)	67 cents per mile
State-owned vehicle available but declined (IRS rate less 7.0 cents)	60 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)	74 cents per mile
Motorcycle	No reimbursement applicable
Personal aircraft	\$1.74 dollars per mile (IRS rate)
Overnight lodging	Actual reasonable cost
Laundry and/or dry-cleaning after one week in continuous travel status	Actual cost, not to exceed \$16 dollars per week
Work-related long distance telephone calls	Actual cost
Personal telephone calls	Actual cost up to maximum number of nights away time \$3 dollars
Special expenses (e.g., conference fees, banquet tickets)	Actual cost with prior approval
Meals and/plus reasonable gratuities: <ul style="list-style-type: none"> • Breakfast (in travel status overnight or leave home before 6:00 am) • Lunch (in travel status and more than 35 miles from workstation) • Dinner (in travel status overnight or return home after 7:00pm) 	Actual cost up to maximums Breakfast - \$10.00 Lunch - \$13.00 Dinner - \$16.00
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* Breakfast - \$12.00 Lunch - \$15.00 Dinner - \$23.00
Expenses that are not travel related (e.g., supplies, copy charges, fax)	Actual Cost
*(See 2023-2024 Special Per Diem Rates 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: To: 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: _____