

# MINNESOTA DNR VOLUNTEER REIMBURSEMENT FORM

Voucher # \_\_\_\_\_

|                             |  |               |                                      |          |
|-----------------------------|--|---------------|--------------------------------------|----------|
| Name (Last)                 | (First)                                    | (MI)          | Telephone Number (include area code) |          |
| Address (Number and Street) |  | City          | State                                | Zip Code |
| Volunteer Position          | Number of Family Members Claiming Expenses | Email Address | Supplier Number                      |          |

**Notice of Intent to Collect Private Data:** Notice of Intent to Collect Private Data: Certain data on this form is classified as private data under M.S. § 13.43. The private data is being collected so that the DNR can reimburse your expenses and contact you if needed. You are not required by law to provide this information, but if you don't, DNR will not be able to provide a reimbursement or contact you. Your private data will be available to DNR personnel whose work position or duties require access, to those required or allowed by state or federal law or pursuant to court order, and to those with your written consent.

| EVENT         |                     |           | EXPENSES |            |  |                         |             |  |                  |
|---------------|---------------------|-----------|----------|------------|--|-------------------------|-------------|--|------------------|
| Date          | Project or Activity | Itinerary |          | Trip Miles | Meals (A)<br>B L D   | Total meals (\$) amount | Parking (B) | Miscellaneous Expenses (Item/Amount) (C) | Sub-totals (A-C) |
|               |                     | Time      | Location |            |  |                         |             |  |                  |
|               |                     | Depart    |          |            | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                         |             |  |                  |
|               |                     | Arrive    |          |            |  |                         |             |  |                  |
|               |                     | Depart    |          |            | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                         |             |  |                  |
|               |                     | Arrive    |          |            |  |                         |             |  |                  |
|               |                     | Depart    |          |            | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                         |             |  |                  |
|               |                     | Arrive    |          |            |  |                         |             |  |                  |
|               |                     | Depart    |          |            | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                         |             |  |                  |
|               |                     | Arrive    |          |            |  |                         |             |  |                  |
|               |                     | Depart    |          |            | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                         |             |  |                  |
|               |                     | Arrive    |          |            |  |                         |             |  |                  |
| <b>Totals</b> |                     |           |          |            | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                         |             |  |                  |

|   |      |
|---|------|
| I declare under the penalties of perjury that this claim is just and correct. |      |
| Volunteer's Signature   | Date |
| Approved, based on compliance with all applicable travel regulations.         |      |
| DNR Liaison's Signature   | Date |

|   |           |
|---|-----------|
| Total Expenses from above                 | \$        |
| Number of Miles _____<br>@ _____ per mile | \$        |
| <b>TOTAL AMOUNT TO BE PAID</b>            | <b>\$</b> |

## For Office Use Only

| Fiscal Year | Accounting Tag | Fund | FinDeptID | Approp ID | Category | Account | SW Cost | Agency Cost 1 | Agency Cost 2 | Amount |
|-------------|----------------|------|-----------|-----------|----------|---------|---------|---------------|---------------|--------|
|             |                |      |           |           |          |         |         |               |               |        |
|             |                |      |           |           |          |         |         |               |               |        |

PO # \_\_\_\_\_ Receipt # \_\_\_\_\_

# Instructions for the Minnesota DNR Volunteer Reimbursement Form

## Volunteers:

- Print or type all information requested on the form.
- Attach original receipts for all out-of-pocket expenses reported (meals, lodging, parking, etc.).
- In the meals column: B, L, and D stand for breakfast, lunch and dinner. Please check the boxes for the meals you are claiming for each day.
- Total the mileage and expenses. Be sure to sign the form.
- Volunteers must be registered as a Supplier with the State of Minnesota in order to receive payment.
  - If you have computer access, volunteers may self-register for payment by going to the secure supplier portal site at: <http://mn.gov/supplier> and clicking on the Supplier Registration Link. Note: Type “S” under TIN Type for Social Security Number (SSN). If you need assistance, contact the Supplier Help Desk at 651-201-8100. When done, enter the 10-digit supplier number in the Supplier Number box at the top of the form.
  - If you are unable to self-register online, please complete a SUPPLIER NUMBER REGISTRATION FORM available from your DNR Liaison. Your SSN will be used to establish a supplier number for use on all payment requests.
- Return the reimbursement form to your DNR Liaison for signature and to start the payment process.

## DNR Staff:

- Some of the data collected on this form are classified as private data. Only those with a business need to know may have access to the data and it may only be used for activities relating to volunteering. Data on this form may not be released to others without first consulting Human Resources.
- Refer to the [Commissioners Plan](#) for mileage amounts and meal limits allowed for volunteers.
- All volunteers need to be registered as a Supplier with the State of Minnesota in order to receive reimbursement payments. Volunteers may either self-register online as a supplier or, if they don't have computer access, you will need to collect the information on the [SUPPLIER NUMBER REGISTRATION FORM](#) and provide to your business unit along with this form.
- The original completed Reimbursement form must be submitted to Accounts Payable for payment and will be kept in a secure location by the payment location and handled according to Operational Order 127.
- Refer to [Operational Order 114 Volunteer Management](#) for volunteer procedures.
- All [volunteer program forms](#) can be found on the DNR Intranet under “forms.”