

Minnesota Volunteer Attorney Program *Expense Requisition*

To: MVAP Executive Director
 Minnesota Volunteer Attorney Program
 600 Nicollet Mall, Suite 380
 Minneapolis, MN 55402

From:

Name _____
 Organization _____
 Address _____
 City/State/Zip _____
 Phone _____
 Fax _____
 E-mail _____

Please attach any receipts supporting your expense.

Make check payable to _____

Date	Expense Type	Project/Program Description	Amount	Accting Dept Use
		Total		

Notes:

**For parking reimbursements for VAP Coordinator meetings, the maximum amount that can be reimbursed is \$8.00*

**For mileage reimbursement, you must have traveled from outside of the 7-county metro area. Mileage is reimbursed at the statutory rate of _____ cents/mile.*