



# MINNESOTA DISTRICT UPCI Expense Reimbursement Form 1099-MISC

<b>Name:</b>
<b>E-Mail:</b>
<b>Phone:</b>

<b>SSN:</b>
<b>DOB:</b>
<b>Address:</b>
<b>City   St   Zip:</b>

*\*SSN, DOB and Address are required for any income received over \$600.00\**

### Itemized Expenses:

Date	Vendor	Category	Amount
Sub-Total			
Minus Cash Advance			
<b>Total Reimbursement</b>			

Attach All Receipts

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_