

## 2010 REIMBURSEMENT FOR OFFICIAL LAND O'LAKES MEETINGS

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

Region/Unit #: \_\_\_\_\_

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

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

Make check payable to Co-op \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Meeting: Annual Meeting \_\_\_\_\_

Meeting Location: Hilton Hotel, Minneapolis, Minnesota \_\_\_\_\_

Meeting Date: February 23-24, 2010

1. Fees: A. Official Meeting: \_\_\_\_\_ Day(s) X \$200.00 per day, including travel.

1.A. \$ \_\_\_\_\_

B. Telephonic Meeting: \_\_\_\_\_ @ \$50.00 per meeting.

B. \$ \_\_\_\_\_

Tele Meeting Date(s) \_\_\_\_\_

1. Total Fees \$ \_\_\_\_\_

2. Transportation:

A. Mileage: \_\_\_\_\_ (# of miles) X 50¢ per mile.

2.A. \$ \_\_\_\_\_

B. Airline/Bus/Train: Original, itemized receipt or itinerary required.

B. \$ \_\_\_\_\_

Baggage: Original, itemized receipt required.

\$ \_\_\_\_\_

C. Taxi, Parking, Tolls: Original, itemized receipt required for over \$10.

C. \$ \_\_\_\_\_

D. Other: Includes phone calls, postage, etc. for official Land O'Lakes business.

D. \$ \_\_\_\_\_

Original, itemized receipt required.

Business purpose: \_\_\_\_\_

2. Total Transportation/Other (A.+B.+C.+D.) \$ \_\_\_\_\_

3. Hotel: \_\_\_\_\_ nights X \$ \_\_\_\_\_ (single room + tax per night).

Original, itemized hotel room receipt required. See 2C for hotel parking.

3. Total Room \$ \_\_\_\_\_

4. Meals: Reimbursement is for reasonable cost of your own meals, tax and tip incurred while attending an official Land O'Lakes meeting or traveling to or from such a meeting. Land O'Lakes does not reimburse for spouse or other persons. Limit \$35 for any one meal. Original, itemized receipt required over \$10.

Note: If you "pick up the tab" for another person who is eligible for reimbursement, please list the name of the person(s) below:

\_\_\_\_\_

**Date:**

Breakfast: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Lunch: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Dinner: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

4. Total Meals \$ \_\_\_\_\_

**Subtotal** (1.+2.+3.+4.) \$ \_\_\_\_\_

Deduct for LOL P.A.C. \$ < \_\_\_\_\_ >

**TOTAL REIMBURSEMENT** \$ \_\_\_\_\_

→ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

☺ **Mail to:**

Membership Department-MS2025  
Land O'Lakes, Inc.  
PO Box 64101  
Saint Paul, MN 55164-0101

Questions? Email, Fax, Phone # updates? Call Judi Nelson  
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