

**REIMBURSEMENT AFFIDAVIT TO ACCOMPANY  
MN PRODUCTION REBATE EXPENDITURE REPORT**

I, \_\_\_\_\_ (herein after "Affiant") being duly sworn, hereby state as follows on behalf of the Production Company named below:

1. Affiant is an employee and/or owner of the Production Company named \_\_\_\_\_ (List Full Legal Name of the Production Company).
2. My title is \_\_\_\_\_, and I am authorized to execute this Affidavit on behalf of the Production Company.

This affidavit is submitted in conjunction with the "MN Production Rebate Expenditure Report" in which the Production Company is listing expenses for:

- Personnel as a qualifying expenditure
- Food and/or catering qualifying expenditures
- Per diem qualifying expenditures

I represent and affirm to the best of my knowledge that:

- All expenditures for personnel for whom expenses are listed in the "MN Production Rebate Expenditure Report" are residents of the State of Minnesota except for those nonresidents permitted by program guidelines;
- The Production Company has on file a copy of a valid Minnesota driver's license, ID Card, voter registration card, or equivalent document for each of their personnel listed on the "MN Production Rebate Expenditure Report;"
- No portion of the submitted food and/or catering expense was to pay for alcoholic beverages;
- Per diems included in this report are paid to workers for days spent in the Minnesota only
- All submitted expenses are of true market value and have not been inflated; and
- All Minnesota production crew, actors and vendors have received payment for the work completed within the certification period and submitted through this "MN Production Rebate Expenditure Report."

On behalf of the Production Company, affiant acknowledges and understands that all MN Production Rebate Reimbursement funds received by Production Company are considered taxable income and must be treated accordingly.

On behalf of the Production Company, affiant understands and agrees to MN Production Rebate Terms and Conditions and represents and warrants that all applicable criteria and standards of eligibility are satisfied.

\_\_\_\_\_  
Affiant Signature

STATE OF \_\_\_\_\_ )

ss.

COUNTY OF \_\_\_\_\_ )

Signed, sworn to, and acknowledged before me by \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Stamp or Seal

\_\_\_\_\_  
Signature of Notary Public