



*** Fields in RED are mandatory**

Return invoice to:
 Hamline University – ATLAS
 1536 Hewitt Ave, MS-A1790
 Saint Paul, MN 55104

INVOICE

Date _____ Make check payable to: _____

Street Address _____ Phone _____

City, State, Zip _____ Email _____

X HAND SIGNATURE of recipient _____

A) MILEAGE (***NEW MILEAGE RATE** beginning **JANUARY 2018: \$.545/mile**)

Date(s) of Travel <i>(e.g., 1/4 - 1/6/18)</i>	Reason for Travel <i>(e.g., North Fall Regional)</i>	Start & End Locations <i>(e.g., Duluth & Grand Rapids)</i>	Total Miles: Round Trip	Reimbursement <i>(=miles x \$.545)</i>
PART A – SUBTOTALS:			mi	\$

B) REIMBURSABLE EXPENSES* (*expenses that were paid and are being reimbursed*)

Date(s)	Description of /Reason for Expense <i>(e.g., North Fall Regional hotel)</i>	Cost
PART B – SUBTOTAL:		\$

- * Please attach **original receipts showing balance paid (balance of ZERO)**.
- * **Meals are not always reimbursable**; please verify with ATLAS staff.
- * Individual meal reimbursements **cannot exceed State of MN per diem limits**, as follows:
 Breakfast - \$9 Lunch - \$11 Dinner - \$16

C) PROFESSIONAL FEES/STIPENDS (*speaker fees, contract work, participant stipends, etc.*)

Date(s)	Description of Service/Reason for Stipend	Cost
PART C – SUBTOTAL:		\$

TOTAL AMOUNT REQUESTED: \$