

**INVOICE**

Date \_\_\_\_\_ Make check payable to: \_\_\_\_\_

Street Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

**X** **HAND SIGNATURE** of recipient \_\_\_\_\_

**A) MILEAGE** (\*MILEAGE RATE for **JULY-DECEMBER 2017: \$.535/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 &amp; Grand Rapids)</i>	Total Miles: Round Trip	Reimbursement <i>(=miles x \$.545)</i>
<b>PART A – SUBTOTALS:</b>			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
<b>PART B – SUBTOTAL:</b>		\$

- \* 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
<b>PART C – SUBTOTAL:</b>		\$

**TOTAL AMOUNT REQUESTED:** \$