

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

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

Date(s)	Description of /Reason for Expense (e.g., North Fall Regional hotel)	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: \$