



*** 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 (*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 & 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: \$