

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

INVOICE

Date _____ Make check payable to: _____

Street Address _____

City, State, Zip _____ Phone _____

X **HAND SIGNATURE** of recipient _____

IMPORTANT: Please attach W-9 Form if not previously filed with ATLAS.

A) MILEAGE (***NEW MILEAGE RATE** beginning **JANUARY 2017**: **\$.535/mile**)

Date(s) of Travel (e.g., 1/4 - 1/6/17)	Reason for Travel (e.g., North Fall Regional)	Start & End Locations (e.g., Duluth & Grand Rapids)	Total Miles (round trip)	Reimbursement (=miles x \$.535)
PART A – SUBTOTALS:			mi	\$

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

Date(s)	Description of Expense/Reason for Expense (e.g., Hotel – STAR)	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: \$