

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

INVOICE

Date _____ Make check payable to: _____

Street Address _____

City, State, Zip _____ Phone _____

X **Signature of Recipient** _____

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

A) MILEAGE (*NEW MILEAGE RATE for 2011: \$.51/mile*)

Date(s) of Travel	Start & End Locations	Total Miles	Reimbursement (=miles x \$.51)
PART A – SUBTOTAL \$:			

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

Date(s)	Description of Expense	Cost
PART B – SUBTOTAL \$:		

* Please attach **original receipts showing balance paid.**

* Individual meal reimbursements **cannot exceed State of MN per diem limits**, as follows:

Breakfast - \$7 Lunch - \$9 Dinner - \$15

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: \$