

**Name of Individual or Organization Requesting Payment:**

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**INVOICE**

Payable to:	Date:
Address:	
Email Address:	Telephone:
Reason/Comments:	

***Explanation of Expenses (attach all receipts to form):***

Date	Program	Description (mileage, stipend, reimbursement, fee for service, contracted service, etc.) <i>Complete on separate lines</i> <i>Federal Reimbursement Rate \$0.43/mile – effective Jan. 1, 2018</i>	Amount	Finance Code Finance Class (for office use only)
Total Expense:				

All required documentation is attached to this invoice.

\_\_\_\_\_ I would like to donate my time in-kind in lieu of receiving a monetary stipend for reimbursement.

<b><i>I certify that the above information is complete and accurate.</i></b>		
Payee's Signature:	Date:	
NAMI GA Approval:	Date:	
NAMI GA Approval:	Date:	Total Expense:

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