

Name of Individual or Organization Requesting Payment:

INVOICE

Payable to:	Date:
Payee Address:	
Email Address:	Telephone:
Co-Presenter(s): _____	
REQUIRED FOR MILEAGE REIMBURSEMENT REQUESTS	
Start Address: _____	
End Address: _____	

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.

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