Expense Reimbursement &/Or Honoraria Request

Submit to **homehealthsection@bill.com**
If you have questions about submitting this form, please email **veda.keech@civicamanagement.com**

Name of Submitter:	
Make payment payable to:	
Send check to [complete address]:	
Email:	
Phone: (H) (W) Dates:	
Purpose / Event Name:	

TRAVEL, HONORARIA, & MISCELLANEOUS EXPENSES *(Please calculate totals)*

DATE →							TOTAL (L-R)
Airfare (total)							
Ground transportation							
Car Mileage (IRS rate)+							
Parking							
Hotel/Lodging							
Breakfast							
Lunch							
Dinner							
Honoraria*							
Misc*							
Misc*							
Total by Day (top to bttm)							
						TOTAL REQUESTED	

Refer to the Section's reimbursement instructions for details on the policies that apply to reimbursement by the Section.

Special Instructions: You do not need to break-down non-daily expenses (like airfare) by day. Just list the expense under the first day. Please provide a general description of miscellaneous items (examples: baggage fees, room tips, etc.) where indicated below (or replace the "Misc" with the description in the table above.)

+Provide the actual miles driven in the detail. Calculate the mileage in the total column. Note that the IRS changes the mileage rate annually.

*Description of Miscellaneous Items:

Electronic Submission: You may transmit this form and receipts by scanning and sending in an email attachment or by fax. Please make sure all pages are legible. When done, send to homehealthsection@bill.com.

I certify that this statement is true _____ Date_____   *An electronic signature here is acceptable.*

For staff use only   Program or Project Information