



SITE REVIEWER INVOICE

FOR MDHHS USE ONLY
Purchase Order Number:

Submit completed invoice when trip is complete. Payable to: (please print)

Name		
Billing Address		
City	State	ZIP
Description of Service Performed:		

Date	From (City)	To (City)	Overnight?	Departure Time	Return Time

Calculation of Fees and Expenses

Professional Service Fee (Flat rate; see guide to reimbursement)						\$
Report Author Fee (Flat rate; see guide to reimbursement)						\$
Mileage Calculation						
Date	From	To	Total Miles	Mileage Rate	Mileage Reimbursement	
				\$0.54	\$	
				\$0.54	\$	
				\$0.54	\$	
Total Mileage Expense						\$
Total Parking Expense (attach receipt)						\$
Calculation of Meals Expense						
Date	Actual Cost for Breakfast	Actual Cost for Lunch	Actual Cost for Dinner	Total		
	\$	\$	\$	\$		
	\$	\$	\$	\$		
	\$	\$	\$	\$		
Total Meals Expense (attach receipt)						\$
Total Lodging Expense (attach receipt)						\$
Grand Total Reimbursement Requested for Fees and Expenses						\$
Certification						
I hereby certify that I have performed the services described above and therefore request payment.						
Site Reviewer Signature (Original signature required)						Date

Instructions:

- 1) Fill out the invoice completely.
- 2) Scan the invoice and itemized receipts.
- 3) Submit the invoice and itemized receipts as a packet to the State Trauma Designation Coordinator at traumadesignationcoordinator@michigan.gov.
- 4) Approval of invoice is sent after completed site review report is received.