

Complete the shaded fields.

SITE REVIEWER INVOICE

FOR MDCH 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: Site Visit, Lead Author – Final Report		

Date	From (City)	To (City)	Overnight?	Departure Time	Return Time
	Your home or work	Hospital city	Yes	3:00 p.m.	12:00 a.m.
	Hospital city	Your home or work		1:00 p.m.	4:15 p.m.

Calculation of Fees and Expenses

Fee for Professional Services (Flat rate; see guide to reimbursement)						\$1,300 or \$800
Fee for Lead Author (Flat rate; see guide to reimbursement)						\$200
<i>Mileage Calculation</i>						
Date	From	To	Total Miles	Mileage Rate	Mileage Reimbursement	
	Your home or work	Hospital city	Mileage	\$0.58	\$	
	Hospital city	Your home or work	Mileage	\$0.58	\$	
				\$0.58	\$	
Total Mileage Expense						\$
Total Parking Expense (attach receipt)						\$
<i>Calculation of Meals Expense</i>						
Date	Actual Cost for Breakfast	Actual Cost for Lunch	Actual Cost for Dinner	Total		
	\$	\$	\$	\$		
	\$	\$	\$	\$		
	\$	\$	\$	\$		
Total Meals Expense (attach receipts)						\$
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.