

Michigan Public Health Institute  
 Attn: Kelly Schaibly  
 2364 Woodlake Drive, Suite 180  
 Okemos, MI 48864

# SITE REVIEWER INVOICE

**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**

<b>Professional Service Fee</b> ( <i>Flat rate; see guide to reimbursement</i> )						\$
<b>Report Author Fee</b> ( <i>Flat rate; see guide to reimbursement</i> )						\$
<b>Mileage Calculation</b>						
Date	From	To	Total Miles	Mileage Rate	Mileage Reimbursement	
				\$0.58	\$	
				\$0.58	\$	
				\$0.58	\$	
<b>Total Mileage Expense</b>						\$
<b>Total Parking Expense</b> ( <i>attach receipt</i> )						\$
<b>Calculation of Meals Expense</b>						
Date	Actual Cost for Breakfast	Actual Cost for Lunch	Actual Cost for Dinner	Total		
	\$	\$	\$	align="right">\$		
	\$	\$	\$	align="right">\$		
	\$	\$	\$	align="right">\$		
<b>Total Meals Expense</b> ( <i>attach receipt</i> )						\$
<b>Total Lodging Expense</b> ( <i>attach receipt</i> )						\$
<b>Grand Total Reimbursement Requested for Fees and Expenses</b>						\$
<b>Certification</b>						
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](mailto:traumadesignationcoordinator@michigan.gov).**