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)

State ZIP Description of Service Performed: Site Visit, Lead Author – Final Report Date From (City) To (City) Overnight? Departure Time. Return Time Meturn Time or work 1:00 p.m. 6:20 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) \$1,300 or \$800 Fee for Lead Author (Flat rate; see guide to reimbursement) \$1,300 or \$800 Mileage Calculation Date From To Total Mileage Mileage Mileage Date From To Total Mileage S \$ Your home or work Hospital city Wileage \$0.54 \$ Your home or work Hospital city Mileage \$ \$ Total Mileage Expense \$ \$ \$ \$ Total Autia Cost for Breakfast Actual Cost for Dinner Total \$ \$ \$ \$ \$ \$ \$ \$	Name									
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I nereby 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 <u>traumadesignationcoordinator@michigan.gov</u>.
- 4) Approval of invoice is sent after completed site review report is received.