

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.	6:20 p.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
Mileage Calculation					
Date	From	To	Total Miles	Mileage Rate	Mileage Reimbursement
	Your home or work	Hospital city	Mileage	\$0.54	\$
	Hospital city	Your home or work	Mileage	\$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 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.