Request for Reimbursement

Office Approval :

**FEDERATION OF STATE HUMANITIES COUNCILS**
***Museum on Main Street***
**c/o LuAnn Kern, Co-Director/States**
**2425 Briarhill Dr, Lansing, MI 48917**

TRAVEL: Includes lowest possible coach airfare; train; bus; car rental; taxi; parking; and tips related to travel.
MILEAGE: Reimbursed at 40.5 cents per mile (as of January 1, 2005)

MEALS: Costs must be incurred in direct connection with Federation business related to the Museum on Main Street program. Specify whether meal is breakfast, lunch or dinner. Maximum allowance is $10-breakfast, $12-lunch, $23-dinner or $45 maximum per day.

**ORIGINAL** RECEIPTS ARE REQUIRED FOR ALL EXPENSES EXCEPT MILEAGE AND METRO FARES.

| DATE | Description/Purpose | Travel | Hotel | Meals | Misc. | TOTAL | Code |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| All **original** receipts must be attached to this form. | Totals: | | | | | | |
| | Sub-totals from back: | | | | | | |

Make check payable to:

_____
_____
_____
_____

| | |
|---|---|
| TOTAL EXPENSE: | |
| AMOUNT DUE YOU: | |
| AMOUNT DUE THE FEDERATION: | |
| AMOUNT CONTRIBUTED: | |

I verify that the information on this form is true and correct:
(Payment will NOT be made without a signature.)

Signature _____

Rev. 12/5/05

| DATE | Description/Purpose | Travel | Hotel | Meals | Misc. | TOTAL | Code |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |