

Reimbursement Form

Meeting Dates: June 5-7, 2019

Please remit the completed form and receipts over \$75.00 to:
Cbonilla@nga.org, if you have any questions please contact,
Claudia Bonilla – cbonilla@nga.org.

Name of Meeting: State Postsecondary Financing Strategies to Incentivize Institutional Change

Meeting Location: Portland, Oregon

Participant's Name and Number: _____ Travel Dates: _____ to _____

***** Requests received 30 days AFTER the meeting date will not be reimbursed.**

| Description and Reimbursement Limits | Date: | Amount: |
|--|--|--|
| 5821 Reasonable Ground Transportation (Home/Destination Cities)***Please provide original receipts for any line item OVER \$75.00. <input type="checkbox"/> Round trip mileage to/from airport/train station number of miles _____ x \$0.58 <input type="checkbox"/> Destination City – taxi/shuttle <input type="checkbox"/> Destination City – taxi/shuttle <input type="checkbox"/> Home City – taxi/shuttle <input type="checkbox"/> Home City – taxi/shuttle <input type="checkbox"/> Parking Round Trip Mileage instead of Air/Train Fare: Number of Miles _____ x \$0.58 <ul style="list-style-type: none"> • Private car use cannot exceed the lowest available RT air/train fare. Attach comparison. *****TOTAL (Capped at \$100) | _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ | \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ |
| 5824 Per diem up to \$66 on One (1) Travel Day | _____ | \$ _____ |
| 5825 Checked Bag Fee (Limited to one bag fee per flight): <ul style="list-style-type: none"> • Checked bag fee: _____ • Checked bag fee: _____ | _____ _____ | \$ _____ \$ _____ |
| TOTAL REIMBURSEMENT REQUEST: | | \$ _____ |

| | FIRST CHECK | SECOND CHECK (If needed) |
|--------------------------|-------------|--------------------------|
| Check Amount: | \$ _____ | \$ _____ |
| Check Payable To: | | |
| Mail to Address: | | |

I certify that the above expenses were incurred for my attendance at the stated meeting and are true and accurate.

Participant's Signature: _____ **Date:** _____

EMAIL ADDRESS: _____

Bill.com Notice: Please note that the National Governors Association has partnered with Bill.com to process direct deposit reimbursement payments. If you would like to receive your reimbursement through direct deposit, by sharing your email address, you will receive an email from bill.com asking you to complete your account set up along with instructions to set up direct deposit. If you do not provide your email address, you will receive a paper check to the address provided. You are not required to have a bill.com account in order to receive your reimbursement.

FOR NGA ONLY: DO NOT ENTER INFORMATION BELOW THIS LINE.

| Project / SL Code: | State: | Amount: | Program Staff Signature: | Date: |
|--------------------|--------|----------|--------------------------|-------|
| 0230001126-MH02 | | \$ _____ | | |