

INVOICE

Name or Organization: _____
 Clean Cities Affiliation _____
 Address: _____

(Provide information on who the check should be made out to (i.e. name and/or organization) and the address to which the check should be mailed)

INVOICE #0001
 DATE: 9/15/08

TO:
 Yellowstone-Teton Clean Energy Coalition
 P.O. Box 1954
 Jackson, WY 83001
 Phone: 307-733-6371 Email: sandyshuptrine@wyom.net

FOR:
 2008 Clean Cities Coordinator Leadership Retreat
 Travel Assistance
 Dates of Travel: 9/15/08 & 9/19/08

TRAVEL ASSISTANCE DESCRIPTION	AMOUNT
<p>SECTION A: List and attach out-of-pocket amounts incurred for each mode of travel taken for this US DOE related event:</p> <ul style="list-style-type: none"> • Airfare • Vehicle rental • Rental vehicle fuel • Airport shuttle • Airport Parking • Taxi • Other (please describe) _____ 	<p>\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____</p>
<p>TOTAL FOR SECTION A:</p>	<p>\$ _____</p>
<p>SECTION B: If you are driving a privately owned vehicle, you will be reimbursed in accordance with the applicable Federal Government Travel Regulations for 2008 (reimbursement of 58.5 cents per mile). To calculate your travel assistance, enter:</p> <ul style="list-style-type: none"> • _____ miles driven during this time x \$00.585 • Tolls 	<p>\$ _____ \$ _____</p>
<p>TOTAL FOR CATEGORY B:</p>	<p>\$ _____</p>
<p>SECTION C: ENTER THE AMOUNT BEING CLAIMED FOR REIMBURSEMENT (TOTAL FROM SECTION A OR B):</p>	<p>\$ _____</p>
<p>SECTION D: Maximum Travel assistance provided:</p>	<p>\$ 650.00</p>
<p>SECTION E: ENTER THE SMALLER OF SECTION C OR D- FINAL REIMBURSEMENT CLAIMED:</p>	<p>\$ _____</p>
<div style="border: 1px solid black; padding: 10px;"> <p>I certify that the costs were expended traveling to & from the 2008 Clean Cities Coordinator Leadership Retreat held in Big Sky, MT and that the voucher is correct and proper for payment.</p> <p>Date _____ Signature _____</p> </div>	

NOTE: ONLY ORIGINAL SIGNATURE ABOVE WILL BE ACCEPTED - NO ELECTRONIC SIGNATURES WILL BE ALLOWED

INSTRUCTIONS TO COMPLETE THE FORM:

Invoice Heading Section:

1. Enter your name/organization, coalition name, and address. Provide information on to whom the reimbursement check should be made out (i.e. name and/or organization) and the address to which the check should be mailed.
2. Date of Invoice
3. Complete your dates of travel

Invoice Travel Assistance Description Section:

1. For Section A: Provide a description of the mode(s) of travel taken (i.e. air, private vehicle mileage, rental car, airport shuttle, taxi). Additional expenses allowable would be airport parking, highway tolls and fuel for rental cars associated with this trip (fuel costs for your private vehicle are included in the mileage reimbursement described in item #3). Enter the expense amount in the corresponding AMOUNT column.
2. You **MUST** attach/provide a copy of your **PAID** receipt(s) to this invoice (i.e. not receipts of reservations or estimated costs). **NOTE: The invoice cannot be processed if you do not attach copies of your receipts.**
3. For Section B: If you are driving a private vehicle, you will be reimbursed in accordance with the applicable Federal Government Travel Regulations for 2008 (reimbursement of 58.5 cents per mile). Calculate your expense by providing the total number of miles driven multiplied by \$0.585 per mile.
4. For Section C: Enter the total amount claimed in the AMOUNT column. **NOTE: The maximum amount that can be claimed for this event is \$650.** If travel costs are less than \$650, your actual travel costs invoiced will be reimbursed.
5. For Section E: Enter the smaller amount of Section C or \$650. This is the Final Travel Reimbursement claimed.
6. Sign and date the signature block. **NOTE: The invoice cannot be processed without an original signature (i.e. copies will not be allowed).**

Additional Notes:

1. In order to expedite your payment, **it is strongly suggested that you complete this form prior to the event**, if you have incurred \$650 in travel expenses prior to arriving in Big Sky. Bring the signed invoice, with the applicable receipts, to the event to submit to the event coordinator for payment. If you have not incurred \$650 in expenses, please ensure you keep all your receipts along the way and send your invoice and receipts to the event coordinator (i.e. Sandy Shuptrine) as soon as you return home or to your office.
2. Payments to individual coalitions for their travel expenses will be handled by Sandy Shuptrine, who will be reimbursed by RDS for these expenses. It may take 2-4 weeks after the event for you to receive your reimbursement check.
3. For those of you sharing expenses, such as a rental car, if you plan to split the cost of the expense, each of you needs to provide a copy of the receipt with your invoice, reference the names of the individuals sharing this cost on the receipt, divide the total cost of the expense by the number individuals sharing the cost, and clearly indicate on your receipt and invoice the calculated shared cost.
4. If you have any questions on your reimbursement, please contact Sandy Shuptrine (sandyshuptrine@wyom.net or 307-733-6371), your DOE Regional Project Manager, or Joan Gaspersic at RDS (Joan.Gaspersic@sa.NETL.DOE.GOV or 412-386-4933).