

Name or Organization: \_\_\_\_\_

# INVOICE

Clean Cities Affiliation \_\_\_\_\_

**Check Should be Made Payable To:**

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**Remit To Address:**  
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FORM DATE: 10/27/2015

**TO:**  
Smart Data Solutions, LLC (SDSE)  
Attention: Sadaf Huque & Pam Farrand  
P.O. Box 7129, Gaithersburg, MD 20898-7129  
Phone: 240-813-1697 x 297  
Email: [SDSE-AP@rosefinancial.com](mailto:SDSE-AP@rosefinancial.com)  
Email: [Sadaf.Huque@sdsellc.com](mailto:Sadaf.Huque@sdsellc.com)  
Email: [Pam.Farrand@rosefinancial.com](mailto:Pam.Farrand@rosefinancial.com)

**FOR:**  
Fall 2015 Clean Cities Coordinator 101 Training  
Travel Assistance  
Possible Dates of Travel: November 16, November 19, 2015

TRAVEL ASSISTANCE DESCRIPTION	AMOUNT
<p><b>SECTION A:</b> 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"> <li>• Airfare</li> <li>• Vehicle rental</li> <li>• Rental vehicle fuel</li> <li>• Airport shuttle</li> <li>• Airport Parking</li> <li>• Taxi</li> <li>• Other (please describe) _____</li> </ul>	<p>\$ _____</p>
<p>TOTAL FOR SECTION A:</p>	<p>\$ _____</p>
<p><b>SECTION B:</b> If you are driving a privately owned vehicle, you will be reimbursed in accordance with the applicable Federal Government Travel Regulations for 2015 (reimbursement of \$0.575 cents per mile). To calculate your travel reimbursement, enter:</p> <ul style="list-style-type: none"> <li>• _____ miles driven during this time x \$0.575</li> <li>• Tolls</li> </ul>	<p>\$ _____</p> <p>\$ _____</p>
<p>TOTAL FOR SECTION B:</p>	<p>\$ _____</p>
<p><b>SECTION C: ENTER THE AMOUNT BEING CLAIMED FOR TRAVEL REIMBURSEMENT (TOTAL FROM SECTION A OR B):</b></p>	<p>\$ _____</p>
<p><b>SECTION D:</b> Maximum Travel assistance provided (<b>per coalition</b>):</p>	<p>\$ 1,000.00</p>
<p><b>SECTION E: FINAL TRAVEL REIMBURSEMENT CLAIMED (ENTER THE SMALLER OF SECTION C OR D):</b></p>	
	<p>\$ _____</p>

**SECTION F:** All meeting attendees are entitled to per diem for Meals and Incidental Expenses (M&IE) incurred during the time that they are traveling to/from and attending this meeting. To determine your per diem reimbursement, please calculate as follows:

- Travel day = \$51.75/day
- Full days spent on site with no travel = \$69.00/day

TOTAL FOR SECTION F:

\$ \_\_\_\_\_

**SECTION G: FINAL PER DIEM REIMBURSEMENT CLAIMED  
(ENTER THE TOTAL FOR SECTION F):**

\$ \_\_\_\_\_

**NOTE: MAXIMUM TOTAL PER DIEM ALLOWABLE IS \$ 241.50**

**SECTION H: INVOICE GRAND TOTAL  
(ADD THE TOTALS FOR SECTION E AND SECTION G):**

\$ \_\_\_\_\_

**NOTE: INVOICE GRAND TOTAL CANNOT EXCEED \$ 1,241.50**

I certify that the costs were expended traveling to & from the Fall 2015 Clean Cities Coordinator 101 Training held in Washington, DC and that the voucher is correct and proper for payment.

Date \_\_\_\_\_ Signature \_\_\_\_\_

***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:

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.

1. 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.**
2. For Section B: If you are driving a private vehicle, you will be reimbursed in accordance with the applicable Federal Government Travel Regulations for 2015 (reimbursement of \$0.575 cents per mile). Calculate your expense by providing the total number of miles driven multiplied by \$0.575 per mile.
3. For Section C: Enter the total amount claimed in the AMOUNT column. NOTE: The maximum amount of travel assistance that can be claimed for this event is **\$1,000.00**. If travel costs are less than \$1,000, your actual travel costs invoiced will be reimbursed.
4. For Section E: Enter the smaller amount of Section C or \$1,000. This is the Final Travel Reimbursement claimed.
5. For Section F: Calculate your per diem. According to Federal Government Travel Regulations for 2015, per diem for travel to Washington, DC is paid at a rate of \$69.00 for full days (100% of GSA's Meals and Incidental Expenses (M&IE) Rate for this location) and \$51.75 for any days where travel is included (75% of GSA's M&IE Rate). **Receipts for how you spend your per diem entitlement ARE NOT REQUIRED (i.e. please do NOT send receipts for meals you purchase).** Coordinators: your maximum per diem is \$241.50 (2 days of travel @\$51.75 and 2 full days spent at the meeting location @ \$69.00).
6. For Section G: Enter the total of Section F.
7. For Section H: Add the total from Section E and the total from Section G. This is the final amount of your travel invoice. NOTE: The maximum amount that can be claimed for this event is **\$1,241.50** (\$1,000.00 + \$241.50).
8. Sign and date the signature block. Electronic signatures will *not* be honored. **NOTE: The invoice cannot be processed without an original signature (i.e. copies will not be allowed).**

### Additional Notes:

1. Please ensure you keep all your receipts and send your invoice along with receipts to Sadaf Huque at Smart Data Solutions, LLC (SDSE) via U.S. Postal Service as soon as you return home or to your office. **Please note: invoices sent or signed electronically will not be recognized.** Invoices must be received by SDSE/Sadaf Huque by U.S. mail with proper signatures and back-up.
2. Payments to individual coalitions for their travel expenses will be reimbursed **by SDSE** for these expenses. ***It may take 2-4 weeks after the event for you to receive your reimbursement check.***
3. For those of you who will share expenses such as a rental car, if you plan to split the cost, each of you will need to provide a copy of the receipt with your invoice, reference the names of the individuals sharing the cost *on* the receipt, divide the total by the number individuals sharing the cost, and clearly indicate on your receipt and invoice the calculated shared cost for each person.
4. If you have any questions on your reimbursement, please contact Sadaf Huque, SDSE, LLC at 301-658-7237x129, [Sadaf.Huque@sdsellc.com](mailto:Sadaf.Huque@sdsellc.com) or Pam Farrand, Rose Financial at 240-813-1697x297, [Pam.Farrand@rosefinancial.com](mailto:Pam.Farrand@rosefinancial.com). You may also contact your DOE Regional Project Manager.