



State CSPD Meeting Reimbursement Request

* dropdown menu					
State*					
CSPD Subcomponent					
Workgroup*					
Other, please list					
Name					
Mailing Address					
City, State, Zip					
Email or Phone					
Event:	1		2		3
Date of Activity					
Type of activity*					
<i>1 hour meeting or preparation time = .5</i>					
<i>Please select activity x number of events</i>					
	0	20.00 for a 1 hour call/meeting/prep			
	0	40.00 for a 2 hours call/meeting/prep			
	0	80.00 for a 1/2 day meeting (4 hours or more)			
	0	160.00 for a full day face to face meeting			
	0	Total Amount of Reimbursement			
Enter Number of Miles:					
Trip 1		Trip 2		Trip 3	
	\$0.00		\$0.00		\$0.00
Mileage at 57.5 cents/ mile					
Enter Total Activity Amount from above	\$0.00				
Mileage (auto-generated)	\$0.00				
Total Amount Due	\$0.00				
Comments:					
Send form to Darla Gundler: mailto:gundler@uchc.edu					
Date Received		Date Submitted			

Account 5090-409							
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Arizona				
Hawaii				
Minnesota				
Mississippi				
Georgia				
Leadership, Coordination & Sustainability				
Recruitment & Retention				
Personnel Standards				
In-Service				
Pre-Service				
Evaluation				
\$20.00				
\$40.00				
\$80.00				
\$160.00				
1 hour call/meeting/prep				
2 hours call/meeting/prep				
4 hours 1/2 day meeting				
8 hours full day meeting				