

The following guidelines will facilitate reimbursement of allowable travel expenses for the **NGA-CCSSO Workgroup meeting on IDEA Reauthorization in Washington, DC on Monday, February 11, and Tuesday, February 12, 2002.**

To be reimbursed for allowable expenses, please complete this form and return it to the address below. Scotch tape all original receipts: airline/rail passenger coupon, travel agency invoice where airline/rail ticket was purchased, meal receipts, and receipts for cab or shuttle services on a 8½ x 11 white sheet of paper. For personal car usage, NGA is able to reimburse you at **36.5¢** per mile, plus tolls.

Processing reimbursements normally takes between three and four weeks from receipt. All requests not received by March 2, 2002 cannot be guaranteed for reimbursement. For questions, please call Cardella Graves @ (202) 624-7801.

EXPENSE REPORT

NAME: KELLY RILEY **DATE:** FEB. 14, 2002

ORGANIZATION: OFFICE OF THE GOVERNOR, STATE OF MISSISSIPPI

ADDRESS: P.O. Box 139
Jackson, MS 39205-0139

Phone: (601) 359-2528 **Fax:** (601) 359-3741

	Sunday 2/10	Monday 2/11	Tuesday 2/12	
Description of Expenses	Maximum Meal Allowance \$---	Maximum Meal Allowance \$25.	Maximum Meal Allowance \$25.	TOTALS
Air/Rail Carrier	222.50		222.50	\$445.00
Lodging	136.26	136.26		\$272.52
Mileage @ .365¢				\$
Breakfast		Provided	Provided	\$
Lunch		Provided	Provided	\$
Dinner	7.30	12.27	6.40	\$25.97
Taxi/Metro/Shuttle	12.50	12.00		\$24.50
Parking	10.00	10.00	10.00	\$30.00
Other (Tips to Maids)	2.00	2.00		\$4.00
Total Reimbursement	\$390.56	\$172.53	\$238.90	\$801.99

Please print the following information below for payment processing. If two checks are required, please fill in both sections.

Make Check Payable To: Office of the Governor, State of Mississippi	\$ 445.00
Address of Payee: P.O. Box 139, Jackson, MS 39205-0139	
Participant's Signature: _____	

Make Check Payable To: Kelly Riley	\$ 356.99
Address of Payee: P.O. Box 139, Jackson, MS 39205-0139	
Mail Request To: Cardella Graves, National Governors' Association, 444 North Capitol Street, N.W., Suite 267, Washington, DC 20001-1572	

For NGA Use Only: Coding Information

Fund	Function	Grant	Account	Amount
Line Item Description: _____				

Check Disposition	
Mail Directly <input type="checkbox"/>	Separate Check Needed <input type="checkbox"/>
Deliver Check To: _____	

Accounting Information			
Vender #	W-9 Info: <input type="checkbox"/> On File <input type="checkbox"/> Requested	A/P Audit	
Voucher #		Accountant Review	
Apply Date		Check Issuance Sign-off	

Authorization			
Requested By: _____	Date: _____	Approved By: _____	Date: _____