

August 13, 2002

Dear: Work Group Member:

DB Consulting Group, a contractor for the U.S. Department of Education, Policy and Program Studies Service, is pleased to confirm your participation in the *E-Language Learning Expert Technical Work Group Meeting*, being held September 20-28, 2002 in Chongqing, China.

Travel:

Travel arrangements between the United States and Beijing, China will be made for you and will be paid by DB Consulting Group. Please fax the attached Travel Information Form back to me as soon as possible at (301) 589-4122. Our travel agency, Research Travel, will work with you to arrange the lowest round trip fare available between your starting point and Beijing, China. Travel inside China will be arranged by Sino-Harmony.

Research Travel has been instructed to follow all current Federal Travel Regulations, and will be confirming all itineraries and costs with DB Consulting before tickets are issued.

Reimbursement Information

DB Consulting Group is reimbursing you for the US to Beijing and Beijing-US portion of the trip. As a sponsored participant in the meeting you are entitled to:

- a) Ground transportation round trip between your home and local airport. Personal mileage is reimbursable at 36.5 cents per mile.
- b) Domestic Parking/tolls/public transportation.
- c) An honorarium payment of \$1,500.00

Reimbursement and Honorarium forms are provided as an attachment to this letter. Please attach original receipts to your reimbursement form prior to mailing it back to DB Consulting Group. Do not fax the form--Federal regulations require an original signature in order to process all reimbursement requests. DB Consulting Group will reimburse you for your expenses approximately 30 working days from the date of receipt and government approval of your completed form. Our consultant Sino-Harmony will be covering all expenses inside China, so no reimbursement is anticipated for the Beijing-Chongqing portion of the trip.

If you need to cancel your attendance, please notify me as soon as possible at (301) 589-4020, Ext. 123, or via e-mail at sgrobe@dbconsultinggroup.com.

If you have any questions regarding the content of the meeting, please visit <http://ott.educ.msu.edu/elanguage/website/elearning.htm>. If you have any questions about your logistical arrangements, feel free contact me at the e-mail above.

Sincerely,
Sean Grobe
Senior Meeting Manager
DB Consulting Group

INSTRUCTIONS FOR COMPLETING
DB CONSULTING GROUP EXPENSE REIMBURSEMENT FORM

General Instructions

1. Please type all information or print neatly in blue ink.
2. Original receipts must be attached and taped to a separate sheet of paper.
3. Do not fax this form. A fax copy is not acceptable for payment.

Checks will be mailed approximately 30 working days after receipt and processing of correctly completed form.

All reimbursement claims are subject to a final review in accordance with federal government guidelines. DB Consulting Group reserves the right to adjust any and all claims. Car rentals must be approved in writing in advance by Program Staff.

Form Instructions

1. **Name** Fill in your first and last names.
2. **Payee** If the check(s) should be made payable to an organization or person different from yourself, include that information here.
3. **Address** Fill in the complete address where the reimbursement check is to be mailed.
4. **Phone #** Fill in your complete phone number, including the area code.
5. **SSN/EIN** Enter the Social Security Number, OR the Federal Employer ID Number of the payee.
6. **Travel Times** Please complete the date and time from which you began your travel and when it ended.
7. **Travel** Complete this section only when your fare was not prepaid. List the cost of your fare. Always enclose your original ticket stub / receipt. Your reimbursement cannot be processed without these documents. The federal government will only reimburse airfare for the lowest, round trip coach fare available.
8. **Lodging** Complete this section only when your room was not prepaid. Record lodging with the dates and the cost of the room and tax charges only. This item is for the direct cost of your room and may not be used for any other hotel-related expenses. Cost is limited per locality. Actual is not to exceed maximum actual per diem for the destination city.
Rate: \$125.00
9. **Mileage** Reimbursement is for the miles you drove as part of your travel to and from the event location. Indicate the dates you drove and the mileage to and from your home or place of business to the event location. Multiply your total mileage by \$0.365 (36.5 cents).
10. **Meals** Your meal expenses will be reimbursed in accordance with the limit set by the Federal government for the specific locality in which you traveled and subject to adjustment for meals provided, and three quarters of the day you commenced and completed your travel.
Rate: \$82.00
11. **Ground Transportation** Parking, tolls and fares are reimbursed when they were part of your travel to and from the event location. Submit receipts for the costs of taxi cabs, shuttles, parking and tolls, including airport and rail station parking, airport access road tolls, and state highway tolls. Always list the location from which and to which you traveled. Inter-city travel to restaurants is not reimbursable.
12. **Advance** Subtract any monies that have been prepaid.
12. **Total Amount Claimed** Sum the total allowable expenses and fill in that information here.
14. **Signature** Your original legal signature is required. Failure to sign this document or to send the original to DB Consulting Group will result in a delay in payment.

Reimbursement Form

Attn: Sean Grobe ♦ Job/Task #: 018-002-001

**E-Language Learning Expert Technical Work Group Meeting
September 20-28, 2002, Beijing and Chongqing China**

1. Name: _____ 2. Payee: _____ 3. Address: _____ _____ _____	4. Phone #: _____ 5. SSN/EIN _____
6. Departure (from home) Date and Time: _____	Arrival (Home) Date and Time: _____

Gray shaded areas for DB Consulting Group Use Only

		<i>Adjustment</i>	<i>Account</i>
7. Travel (Air/Rail Fares)	\$	\$	51310
8. Lodging	\$	\$	51220
9. Mileage (_____ miles)	\$	\$	51340
10. Meals	\$	\$	51350
11. Ground Transportation	\$	\$	51330
12. Advance (if applicable)	\$	\$	51390
13. Total Amount Claimed:	\$	\$	

<i>I hereby certify all of the above expenses have been incurred.</i>			
14.	Signature:		Date:

MP Signature:	Date:	PD Signature:	Date:
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1010 Wayne Avenue, Suite 300
Silver Spring, Maryland 20910
Phone: (301) 589-4020

**INSTRUCTIONS FOR COMPLETING
DB CONSULTING GROUP HONORARIUM FORM**

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| 1. Name | Fill in your first and last names. |
| 2. Payee | If the check(s) should be made payable to an organization or person different from yourself, include that information here. |
| 3. Address | Fill in the complete address where the reimbursement check is to be mailed. |
| 4. Phone # | Fill in your complete phone number, including the area code. |
| 5. SSN/EIN | Enter the Social Security Number, OR the Federal Employer ID Number of the payee. |
| 6. Description of Work | Enter a brief description of the work performed. |
| 7. Amount to be Paid | Review this information to ensure that you will be paid the correct amount. |
| 8. Signature | Your original legal signature is required. Failure to sign this document or to send the original to DB Consulting Group will result in a delay in payment. |



Honorarium Form

Attn: Sean Grobe ♦ Job/Task #: 018-002-001

**E-Language Learning Expert Technical Work Group Meeting
September 20-28, 2002, Beijing and Chongqing China**

1. Name: _____

2. Payee: _____

3. Address: _____

4. Phone #: _____ 5. SSN/EIN _____

6. Description Of Work:

7.	Rate Per Hour / Day:	N/A	Number of Hours /Days:	N/A	Total Amount :	\$1,500.00
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Gray shaded areas for DBC Use Only

I understand that this information will be used by DB Consulting Group to generate a form 1099-MISC for tax reporting purposes and will be regarded as confidential. My signature below indicates that all information is correct. Please send my check and form 1099-MISC to the address written at the top of the form.

8.	Signature:	_____	Date:	_____
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MP Signature:	Date:	PD Signature:	Date:
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1010 Wayne Avenue, Suite 300 ♦ Silver Spring, Maryland 20910
Phone: (301) 589-4020



TRAVEL REQUEST FORM

Task #: 018-002-001 Attention: Sean Grobe

**E-Language Learning Expert Technical Work Group Meeting
Beijing and Chongqing China
September 20-28, 2002**

Name: _____

Address: _____

(To send tickets FedEx.
P.O. Box not Acceptable)

Daytime Phone: _____ **Fax:** _____

E-Mail: _____

Dates attending Conference/Meeting: _____

TO CONFERENCE

Leaving (City)	Arriving (City)	Departure Date	Preferred Time
	Beijing, China		

FROM CONFERENCE

Leaving (City)	Arriving (City)	Departure Date	Preferred Time
Beijing, China			

Seating Preference: <input type="checkbox"/> Window <input type="checkbox"/> Aisle	Special Needs:
Meal Type (if applicable): <input type="checkbox"/> Regular <input type="checkbox"/> Vegetarian <input type="checkbox"/> Diet	

Frequent Flyer Preference:	
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Please note that DB Consulting Group will make every effort to accommodate your frequent flyer requests. However, Federal Travel Regulations require DB Consulting Group to purchase the lowest available round-trip coach ticket.

Transportation Arrangements:	
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DB Consulting Group Use Only:

Date Received: _____ <input type="checkbox"/> New Information <input type="checkbox"/> Changed Information
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1010 Wayne Avenue, Suite 300 ♦ Silver Spring, Maryland 20910
(301) 589-4020 Phone ♦ (301) 589-4122 Fax