

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: \$72.00
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: Tangela Parker ♦ Job/Task #: 017-002

**E-Language Learning Expert Technical Work Group Meeting
January 24-30, 2003 Honolulu, Hawaii**

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 hereby certify all of the above expenses have been incurred.

14.	Signature: _____		Date: _____
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MP Signature: _____	Date: _____	PD Signature: _____	Date: _____
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