HMEP TRAINING GRANT
INVOICE AND EXPENSE FORM

INSTRUCTOR____ or STUDENT____ NAME: _____ Class Sponsor: _____ Type of Class: _____

Class ID: _____

INVOICE ID	DATE										

DATE MO/ DAY	Instruction Hours	Rate $40 per hour	Total Instruction Cost	MEALS Breakfast $5.00 / $8.00*	Lunch $9.00 / $11.00*	Dinner $12.00 / $17.00*	TOTAL COST	AUTO MILES	MILEAGE RATE $ 0.32	TOTAL MILEAGE COST	LODGING $60.00	TOTAL COST
TOTALS												

* In State / Out of State

I declare and affirm under the penalties of perjury that this invoice has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

_____ Signature

_____ Date

_____ Approval Signature by Class Sponsor

_____ Date