

**SOUTHEAST AREA COOPERATIVE
CONSULTANT EXPENSE WORKSHEET**

Consultant Name: _____ Address: _____

City/State/Zip : _____

Home Phone: _____ Office Phone: _____

I. Consultant Fee/Honorarium

A. Amount shall be that which was agreed upon when consultant was hired. \$ _____

II. Consultant Travel Expenses (Complete this section only if other expenses were agreed to be paid.)

A. Car: Where rides are shared, the driver submits mileage expenses. Mileage will be reimbursed at .55 per mile. Mileage cannot be paid to local consultants.

Starting at _____ to _____ Miles _____
From _____ to _____ Miles _____

_____ Total Miles x .55 per mile = \$ _____

B. Meals will be reimbursed for overnight stays and will be paid from meal receipts only (not credit/debit card receipts). Please attach receipts.

Number of		Costs:
_____	Breakfasts	_____
_____	Lunches	_____
_____	Dinners	_____
	Total Meal Costs	\$ _____

C. Lodging - Be sure to attach receipt (give actual costs) \$ _____

III. Other (Only as agreed upon when consultant was hired.)

Be specific _____

GRAND TOTAL: \$ _____

Consultant Signature Date

PLEASE COMPLETE W-9 FORM ON REVERSE SIDE OF THIS FORM



