Foundation for Health Leadership & Innovation
Moving people and ideas into action.

Bernstein Fellow
Reimbursement Form

Instructions:
1. Complete and sign the form and attach **itemized** receipts for all reimbursement requests.
2. Please submit request no more than **30 days** after purchase date.
3. Mail the form and original receipts to Foundation office at ***2401 Weston Parkway, Suite 203 Cary, NC 27513*** or email to abby.cope@foundationhli.org

Qualifications for meals:
Breakfast- depart home 6 am or before and work day is extended by two hours, or if overnight stay is required.
Lunch - only allowed with an overnight stay.
Dinner –arrive home after 6:30pm or overnight stay is required.
Maximum allowance: Breakfast $16.00, Lunch $19.00, Dinner $29.00. If traveling outside of North Carolina, please consult the following document for rates for that area: https://www.gsa.gov/travel/plan-book/per-diem-rates. Include a printout of the per diem rates for the state you are traveling to. **Meal receipts will not be needed when claiming the per diem reimbursement for a qualified meal as defined above.**

Name: _____

Full Mailing Address: _____

Email: _____

Description of Reimbursement:

_____

_____

Expense Reimbursement

List Expenses *(include a separate page if more space is needed)* :

No.	Date	Amount	Description of Purchase	Account
1				
2				
3				
4				
5				
6				
7				
Total Expenses		***$*** 0		

No.	Date	Mileage	Description of Trip	Account
1				7710 - Mileage
2				7710 - Mileage
3				7710 - Mileage
4				7710 - Mileage
5				7710 - Mileage
6				7710 - Mileage
7				7710 - Mileage

Mileage Reimbursement

Total Mileage	0	Rate/mi.	$ 0.7250	Total Amount	$ 0.00

When requesting mileage reimbursement, a Screenshot showing total miles from an internet map site such as Google Maps should be attached to the reimbursement form to support the mileage reimbursement request.

Total Expense Reimbursement $ 0.00

Signature Date

Approver Signature Date