

HISTORY ALIVE! MONTHLY LOG NAME: _____ MONTH _____ YEAR _____

* Mileage not already paid for by host organization will be reimbursed by the Humanities Council at **47** cents per mile.

* Food/Lodging expenses not paid by host must have receipts attached to this form and will be reimbursed at cost not to exceed **\$50** for food or **\$100** for lodging per day.

1) Date: ___/___/___ Place/Time: _____ Honorarium Amount: \$ _____

Round trip miles: _____ X .47 = \$ _____ Lodging: \$ _____

Amount paid by host: \$ _____

SUB-TOTAL DUE: \$ _____

2) Date: ___/___/___ Place/Time: _____ Honorarium Amount: \$ _____

Round trip miles: _____ X .47 = \$ _____ Lodging: \$ _____

Amount paid by host: \$ _____

SUB-TOTAL DUE: \$ _____

3) Date: ___/___/___ Place/Time: _____ Honorarium Amount: \$ _____

Round trip miles: _____ X .47 = \$ _____ Lodging: \$ _____

Amount paid by host: \$ _____

SUB-TOTAL DUE: \$ _____

4) Date: ___/___/___ Place/Time: _____ Honorarium Amount: \$ _____

Round trip miles: _____ X .47 = \$ _____ Lodging: \$ _____

Amount paid by host: \$ _____

SUB-TOTAL DUE: \$ _____

➤ **TOTAL DUE: \$ _____**
(Add all sub-totals from above)

COUNCIL OFFICE USE ONLY: **TOTAL DUE: \$ _____**

Approved by: _____ **Date:** _____ **\$ Amount:** _____

Account # 6800-02-080 **Check #:** _____ **Date Paid:** _____