

## Expense Sheet for Members of The Iowa Integrated Health Planning and Advisory Council

1. **Sign** and date the attached **State of Iowa Travel Payment form** in ink where indicated by an “X” under Claimant’s Signature.
2. **Provide original receipts for lodging** expenses showing a zero (paid in full) balance. Lodging does not include incidental charges.
3. **Provide original receipts for meals** (see requirements attached and **sign all receipts**).
4. **Complete** the table below to indicate **date(s) of travel**, the **time you left** and **returned home**, **total miles driven**, **dollar amount of meals** supported by receipts, **lodging costs** supported by receipts, and any other qualified expenses supported by receipts.

Name: \_\_\_\_\_

Last 4 digits of Social Security Number: \_\_\_\_\_

Date & Time of Travel			Location & Mileage			Meal Expense (limited to \$56/day) and allowable only if attending a meeting outside your county (also see limits related to time of travel)			Lodging	Other
Date(s) of Travel	Time Left Home	Time Returned Home	City Traveled From	City Traveled To	Miles Number of Miles Driven	Breakfast Limited to \$12.00 (Original Receipt Required)	Lunch Limited to \$15.00 (Original Receipt Required)	Dinner Limited to \$29.00 (Original Receipt Required)	Lodging Limited to \$120/Day + Tax (Original Receipt Required)	Stipend (\$50 Full Day Or \$25 For Less Than 4 Hours)

Return to: Patti Manna, Program Coordinator  
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 Iowa Department of Health and Human Services  
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**Check your forms and receipts:**  
 Submitting incomplete forms or receipts that fail to comply with the reimbursement requirements may result in significant delays in processing your claim.