
Submission Date:

Part 1: Trainer Information

Part 2: Training Information

Part 3: Travel Information

Part 4: Summary

Trainer Information

Name:

Organization:

Make Check Payable to:

Street Address:

City, State, Zip:

Training Information

Date	Start Time (CST)	End Time (CST)	Duration	Prep. Time
Location				
Name of Training				

Training-Related Expenses

	Description	Cost
1		\$
2		\$
3		\$
4		\$
5		\$
6		\$
7		\$
8		\$

MS Alliance of Nonprofits & Philanthropy

601-968-0061

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Jackson, MS 39215

www.alliancems.org
training@alliancems.org



Travel Information

Starting Address	
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Hotel

Date Hotel Quote was Submitted to Alliance Staff (must be at least one week prior to training)			
Name		Address	
Arrival Date	Departure Date	Cost Per Night	Total Cost
		\$	\$

Food

Date	Location	Purpose	Cost (including tax)
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Total Food Expenses			\$

Additional Travel

Stop	Justification/Destination	Miles
1		
2		
3		
4		

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5		
		Total Miles Travelled

Summary

Training		
Preparation	\$	<ul style="list-style-type: none"> Preparation rate: \$75 per/hour for a length of time equal to the total length of the training. Training rate: \$75 per/hour. Registration Incentive: Any additional net revenue for the training, trainers will receive 10%, which will be calculated after the training. Expenses must be necessary to complete Scope of Work and approved by Alliance staff prior to purchase
Training	\$	
Expenses	\$	
TRAINING SUB TOTAL	\$	

Travel		
Hotel	\$	<ul style="list-style-type: none"> Mileage Rate: \$0.655 per mile Per diem - \$59.00 per day (MS IRS state rate, as of October 2021) Car rental must be for a base rate and approved by Alliance staff prior to booking Hotel must have been approved by Alliance staff prior to booking Travel stops must be necessary to complete Scope of Work
Food	\$	
Car Rental	\$	
OR		
Total Miles		
Mileage Due	\$	
TRAVEL SUB TOTAL	\$	

Summary	
TOTAL DUE	\$

Thank you for your partnership!

We look forward to working with you again.

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