

Submission Date:

Training

Consulting

Consultant Information

Name:

Organization:

Make Check Payable to:

Street Address:

City, State, Zip:

Training/ Consulting Information

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

Consulting-Related Expenses

(example copiers, supplies, etc.)

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

MS Alliance of Nonprofits & Philanthropy

601-968-0061

P.O. Box 1120
Jackson, MS 39215

www.alliancems.org
training@alliancems.org



Travel Information

Starting Address	
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Hotel

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

Food

Per diem - \$59.00 per day (MS IRS state rate, as of October 2021)

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

Additional Travel

Stop	Justification/Destination	Miles
1		
2		
3		
4		
5		
Total Miles Traveled		

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Summary

		Training/ Consulting
Preparation	\$	<ul style="list-style-type: none"> • Training Preparation Rate: \$37.50 per/hour • Training Rate: \$75 per/hour. • Consulting Preparation Rate: \$45 per/ hour • Consulting Rate: \$90 per/ hour • Expenses must be necessary to complete Scope of Work and approved by Chief Programming Officer prior to purchase
Training	\$	
Expenses	\$	
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) • Hotel must have been approved by Chief Programming Officer prior to booking • Travel stops must be necessary to complete Scope of Work
Food	\$	
Total Miles		
Mileage Due	\$	
SUB TOTAL	\$	

		Summary
TOTAL DUE	\$	

Thank you for your partnership!
 We look forward to working with you again.

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