

V.D.W.

STATE OF NEW HAMPSHIRE
Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Nancy F. Stiles Work Phone No. _____
First Middle Last

Work Address: _____

Office/Appointment/Employment held: NH State Representative - Rockingham 15

List the full name, post office address, occupation, and principal place of business, if any, of the source of any reportable honorarium or expense reimbursement. When the source is a corporation or other entity, the name and work address of the person representing the corporation or entity in making the honorarium or expense reimbursement must be provided in addition to the name of the corporation or entity.

Source of Honorarium or Expense Reimbursement:

Name of source: National Governors Association
First Middle Last

Post Office Address: 444 N. Capitol St. Suite 267

Occupation: _____

Principal Place of Business: Washington, DC

If source is a Corporation or other Entity:

Name of Corporation or Entity: _____

Name of Corporate/Entity Representative: _____

Work Address of Representative: _____

Value of Honorarium: \$1400 Date Received: 9/28-9/29 If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate. Exact Estimate

Value of Expense Reimbursement: \$193.44 Date Received: Pending A copy of the agenda or an equivalent document must be attached to this filing. Exact Estimate

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to:

Paid expenses To conference on Middle School Literacy - Phoenix, AZ

"I have read RSA 15-B and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief."

Nancy F Stiles
Signature of Filer

10-07-06
Date Filed

5/06

RSA 15-B:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false report shall be guilty of a misdemeanor.

Return to: Secretary of State's Office, State House Room 204, Concord, NH 03301

RECEIVED

OCT 10 2006

NEW HAMPSHIRE
SECRETARY OF STATE



Middle Grades Literacy Forum

Participant List

State Teams

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Middle Grades Literacy Forum (NGAC Meeting)

September 28-29, 2006 | Phoenix, Arizona

REIMBURSEMENT FORM

603

Name of Traveler: Rep. Nancy Stiles

Phone: 926-6467

Check Payable to: Name Nancy Stiles

Address 40 Hobbs Rd

City Hampton State VA Zip 03842

DATE	Travel Day*	9/27/2006	9/28/2006	Travel Day	9/29/2006	Travel Day**	9/30/2006
Personal Auto Rate: \$0.445 per mile	Mileage						
	Expense	\$ 18.25	\$	\$	\$	\$ 18.25	\$
Taxis, Parking & Tolls (receipts must be attached)		Super Shuttle \$15.00 Attached		\$2.00 shared cab with Leo he has receipt		\$2.00	
Per Diem (\$59) <small>Please note that you cannot claim meals that are provided for you. The \$59 is the per diem for the whole day. Govt Policy only allows 75% of per diem on travel days - \$44.25 total. Max. claim rates: Breakfast - \$11 -> \$8.25 Lunch - \$16 -> \$12 Dinner - \$29 -> \$21.75 Tis - \$3 -> \$2.25</small>	Breakfast		Provided	Provided		\$8.25	
	Lunch	12.00	Provided	Provided		12.00	
	Dinner	21.75	Provided	Provided		21.75	
	Tips	2.25	Provided	Provided		2.25	
Total Expense Each Day		69.25		36.00		70.50	

Custom pkg & tax - see attached

GRAND TOTAL: 175.75
17.69
\$193.44

* IMPORTANT: Please note travel day maximum claim rates.
** Only those approved to travel on September 30th due to flight availability will be allowed to claim meals on this day.

I certify that the above charges actually occurred and are properly charged.

Traveler's Signature: Nancy Stiles Date: 10-1-06

Please mail to: Leah Mercado
DTI Associates
2920 South Glebe Road
Arlington, VA 22206

**PLEASE allow 4-6 weeks for reimbursements.

SuperShuttle
24 Hours A Day, Every Day
(602) 244-9000 • Phoenix

Driver # 61504 Fare 15
Van # 423 Tip 2
Date 9/27/06 Total 15.00
Name Nancy Stiles
To Code/Hotel 1st Mt Resort

