

**STATEMENT FOR HONORARIA AND REIMBURSEMENT OF EXPENSES  
FOR NASW-MD CONTINUING EDUCATION INSTRUCTORS**

**Instructions:** Please submit this form following your presentation to: NASW Maryland Chapter, 5750 Executive Drive, Suite 100, Baltimore, MD 21228 with any receipts to be reimbursed. Please email to [jwilliams.naswmd@socialworkers.org](mailto:jwilliams.naswmd@socialworkers.org) or fax to: (410) 747-0635

Presenter Name

Address

Day phone

Email

Program Title

Program Number

Time

Date

Location of Presentation

**Category**

**Expense Amount**

**Travel**

\_\_\_\_ miles to and from program site: \_\_\_\_ miles @ \$.58 =  
Cab, train, plane fare, and toll receipts required.

\$ \_\_\_\_\_

Parking (receipts required)

\$ \_\_\_\_\_

Total travel expenses

\$ \_\_\_\_\_

Other expenses

\$ \_\_\_\_\_

**Honoraria**

\_\_\_\_ Instruction credit hours @ \$125.00 =

\$ \_\_\_\_\_

**Total amount to be paid**

\$ \_\_\_\_\_

**Chapter Office Notations Below**

Date

Check No

Account No. 52077

Approved by \_\_\_\_\_