Statement of Professional Services

Complete and return this form by **October 31, 2026**. Attach all applicable receipts.
Allow 45 days for processing of payment.

Travel

Automobile: Number of miles at 72.5 cents per mile_____ $_____

Airfare: Flight from _____ $_____

Other: Specify _____ $_____

Total Travel **$_____**

Meals

Date	**Breakfast**	**Lunch**	**Dinner**
9/1	N/A	N/A	$_____
9/2	$_____	N/A (*provided by IHCA in Expo Hall*)	$_____
9/23	$_____	N/A (*provided by IHCA in Expo Hall*)	$_____

Total Meals **$_____**

Miscellaneous Expenses (specify)

_____ $_____

_____ $_____

_____ $_____

Total Misc. **$_____**

Speaker Fee/Honorarium (less deposit, if applicable)

$_____ per_____

Total Speaker Fees **$_____**

TOTAL DUE **$_____**

Name _____ SSN or FEIN _____

Address _____

Date _____ IHCA Authorization _____

Return to Ashley Caldwell by October 31, 2026:

IHCA | 1029 S. Fourth St. | Springfield, IL 62703-2224 | acaldwell@ihca.com | Fax: 217.528.0452