

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Kim C LIM Work Phone No. 271-4671

Work Address: 29 Hazen Drive, Concord

Office/Appointment/Employment held: PHHS/DPHS

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: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Principal Place of Business: \_\_\_\_\_

RECEIVED

AUG 31 2016

NEW HAMPSHIRE DEPARTMENT OF STATE

If source is a Corporation or other Entity:

Name of Corporation or Entity: Council for State and Territorial Epidemiologists (CSTE)

Name of Corporate/Entity Representative: Amy Patel

Work Address of Representative: 2872 Woodcock Blvd, Suite 250, Atlanta, GA 30341

Food and/or beverages consumed pursuant to RSA 15-B:6, II with value over \$25.00 [ ]

Value of Honorarium: \$2306.40 Date Received: 8/27/2016 If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate. [X] Exact [ ] Estimate

Value of Expense Reimbursement: \_\_\_\_\_ Date Received: \_\_\_\_\_ 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:

To travel to Anchorage, AK to attend the CSTE annual Conference.

"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."

Signature of Filer: Kim C Lim

Date Filed: 8/30/2016

9/07

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

**CSTE Member Expense Reimbursement Form**



Directions for submission: Please complete the entire form below. Sign and submit this form to the CSTE National Office via email submission to travel@cste.org or faxed to 770-234-5268. Receipts must be included for all claimed expenses exceeding \$50.99. The Federal per diem rate will be used to reimburse for meals/tips, minus the applicable percent for meals that are provided (25% for breakfast, 25% for lunch, and 50% for dinner). Use the return/departure chart below to determine the percentage of per diem earned on the days of travel. Specify any provided meals within the expense chart. At least one receipt from the destination city must be provided as proof of attendance. If you have any questions, please contact the CSTE national office staff member that coordinated your travel (770-458-3811).

Sponsored Traveler Name: Kim C LIM  
 Address: 255 Cony Street  
 City, State, Zip: Augusta, ME 04330

Date Received by CSTE:  
 Must be received by CSTE within 30 days of conclusion of travel

CSTE Program Staff Lead: Amy Patel  
 Description of Travel: 2016 Annual Conference  
 Destination: Anchorage, Alaska  
 Federal per diem rate for destination: \$101

Departure Date: 6/12/16 Return Date: 6/25/16  
 Time: 100%  12AM-6AM 25%   
 75%  6AM-Noon 50%   
 50%  Noon-6PM 75%   
 25%  6PM-12AM 100%   
 Departure Time Return Time

Check box if you or a family member hold an elective or appointive public office in a federal, state or local government that pays an annual rate of \$20,000 or more. IRS code section 4946(c).

Daily Travel Expenses									
Expenses:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Reimbursable Expenses	Charged Directly to CSTE*
Breakfast (25% of per diem)	6/20	6/21	6/22					101	101
Lunch (25% of per diem)	6/20	6/21	6/22					101	101
Dinner (50% of per diem)	6/20	6/21	6/22					202	202
Lodging	6/20	6/21	6/22					789.60	789.60
Airfare								828.50	828.50
Ground Transportation TAXI	6/20		6/23					40.00	40.00
\$0.54 X 220 miles	6/12		6/25					118.80	118.80
Other: Baggage Chkd	6/12		6/23					50.00	50.00
Other: Parking	6/12		6/23					20.00	20.00
Other:									
Total Expenses:								2250.90	2250.90

Signature: Kim Lim Date: 7/13/16

By submitting this form, I certify that the above information contained in the claim is true and correct and that I am not being reimbursed for any of the above expenses from another public or private source. I also certify that I have no outstanding receipts over 30 days old due to CSTE and that I will not be submitting for additional expenses associated with this trip.

FOR CSTE USE ONLY: Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Charge to Project: \_\_\_\_\_ PO: \_\_\_\_\_

\*If amount is unknown, please indicate that funds were charged to CSTE by placing a check mark in the appropriate box

Return to CSTE: Email travel@cste.org | 2872 Woodcock Blvd, Suite 250, Atlanta, GA 30341

*There was an error and the actual amount was \$2306.40*