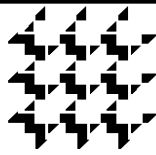# DIMACS

Center for Discrete Mathematics & Theoretical Computer Science
Founded as a National Science Foundation Science and
Technology Center

Reason for Travel	

DIMACS Travel Reimbursement Request Form

Requester's Name	
Mailing Address	
Email Address	
Citizenship	

	Departure		Return	
from		to		
date		date		

Receipts Attached ➡

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Total:	
A. Transportation									
Air									
Train/Subway									
Bus									
Taxi/Shuttle									
Other									
Other (International)									
B. Private automobile (Rate = $0.655/mi)									
Distance (mi)									
Distance x Rate:									
Tolls									
C. Rental automobile									
Rental Expense									
Gasoline									
Tolls									
D. Accomodations									
Hotel									
Meals Charged to Room									
E. Meals and incidentals									
Breakfast									
Lunch									
Dinner									
Incidentals									
F. Other									
Parking Fees __									
Other: _____									
Other: _____									

For internal use only: RU Employee ID #: _____

Total Amount of Expenses Requested For Reimbursement	

I hereby certify or affirm and declare that this claim for reimbursement of my travel expenses to DIMACS is true and correct in every material matter, and that the travel expenses were actually incured by me as necessary in my participation at the above mentioned DIMACS event. I also certify that none of these expenses have been or will be submitted for reimbursement elsewhere unless otherwise specified with an official letter from that funding source and myself. I understand that receipts which do not conform to the policies stated in the "Award for Reimbursement of Travel Expenses" memo will not be processed for reimbursement and returned to me.

Signature: _____ Date: _____

Mail Form and Receipts to:	**Have Questions?**
DIMACS Center Rutgers, The State University of New Jersey 96 Frelinghuysen Road, CoRE Building, 4th Floor Piscataway, NJ 08854-8018 Attn: Financial Assistant	financial-assistant@dimacs.rutgers.edu Telephone: (848) 445-4581

ORIGINAL RECEIPTS MUST BE STAPLED TO THIS FORM