

**DIMACS Reimbursement Request Form for Visitor Travel Expenses**

Requester's Name	
Mailing Address	
Email Address	

Departure		Return	
from		to	
date		date	

Receipts Attached	→	x
TOTAL		

A. Transportation

Air		
Train/Subway		
Bus		
Taxi/Shuttle		
Other		
Other (International)		

B. Private automobile (Rate = \$0.31/mi)

Distance (mi)		
Distance x Rate:		
Tolls		

C. Rental automobile

Rental Expense		
Gasoline		
Tolls		

D. Accommodations

Hotel		
Meals Charged to Room		

E. Meals

Meals		
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F. Other

Parking Fees		
Other:		
Other:		

Total Amount of Expenses Requested For Reimbursement	
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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 incurred by me as necessary in my visitation to DIMACS. 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 on the DIMACS website (<http://dimacs.rutgers.edu/Applications/Visitor-reimbursement.html>) will not be processed for reimbursement and returned to me.

Signature: _____ Date: _____

Mail Form and Receipts to: DIMACS Center Rutgers, The State University of New Jersey 96 Frelinghuysen Road, CoRE Building, 4th Floor Piscataway, NJ 08855-8018 Attn: Financial Assistant	Have Questions? financial-assistant@dimacs.rutgers.edu Telephone: (732) 445-5928
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ORIGINAL RECEIPTS MUST BE STAPLED TO THIS FORM