

MIDSTATES CONSORTIUM TRAVEL PAYMENT REQUEST FORM

Speaker-Consultant Exchange

Your Name: _____ Today's Date: _____

Your Institution and Department: _____

Mailing Address: _____

The Institution and Department that you visited: _____

Your host for the visit: _____

Your visit date(s): _____

PLEASE ATTACH ALL RECEIPTS

How did you get to the host institution? plane, rental car, university vehicle, personal car, other _____

Personal Auto - _____ miles @ \$.485 per mile (or cost of plane ticket, whichever is less) \$ _____

Rental Vehicle - \$ _____ per day or \$ _____ per mile \$ _____

Institutional Vehicle - use fee or gas charges \$ _____

Parking: \$ _____

Tolls: \$ _____

Meals enroute or during the visit: \$ _____

Other expenses: (please specify) _____
\$ _____

Grand Total \$ _____

Signature: _____

Please enclose your receipts and return to:

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