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| --- | --- |
| **2016-17 Reimbursement Form** **Midstates Consortium for Math & Science** | |
| Name: |  |
| Email: |  |
| Phone: |  |
| Institution: |  |
| To whom shall we make out the check? *Individual name or institution* |  |
| Address where the check will be mailed: |  |
| Event/reason for travel: |  |
| Dates of travel: |  |
| Number of travelers: |  |
| Name(s) of traveler(s): |  |

If this reimbursement is for a Speaker Series or Short Term Consultation visit, please email a brief visit report to Mike Seymour, Midstates Director, at [midstatesdirector@gmail.com](mailto:midstatesdirector@gmail.com) . The report may be completed by either the host(s) or the visitor(s). Only one report is needed per visit.   
Payment will not be processed without the report.

|  |  |  |  |
| --- | --- | --- | --- |
| **Expenses** | |  | **Amount** |
| Personal car # of miles: | | \_\_\_\_\_\_\_\_\_\_\_ X $0.45/mile = |  |
| Personal car start & end cities: | |  |  |
|  |  | Rental car/Institutional vehicle charge |  |
|  |  | Gas (rental cars only) |  |
|  |  | Tolls |  |
|  |  | Parking |  |
|  |  | Airfare/baggage/fees |  |
|  |  | Other public transportation/shuttles |  |
|  |  | Lodging |  |
|  |  | Meals |  |
|  |  | Other |  |
|  |  | **TOTAL REIMBURSEMENT** |  |

**Include itemized receipts for reimbursement. Photocopied and scanned receipts are acceptable.**  
Credit card slips and credit card statements are not adequate for reimbursement.

Email or mail completed form with receipts to: [midstatesassistant@gmail.com](mailto:midstatesassistant@gmail.com) or   
Ann Schutt, Hope College, Chemistry Dept., 35 East 12th ST, #2107, Holland, MI 49423