

American Institute of Mathematics
Attn: Hannah Brodie
3130 E Deerhill Dr
Meridian, ID 83642

Reimbursement Form
for Atlas Grant #DMS-0968275

Name _____

Mailing Address _____

Purpose of Trip/Program Attended _____

Date & Hour: Departure: _____ Return: _____

Please list all expenses below. Attach an original receipt for each item listed. No estimations are allowed.
All travel reimbursements must be submitted within one month of the conclusion of travel.

Inter-city airline, taxi, shuttle or train.

Include destinations and carrier:

_____ \$ _____
_____ \$ _____
_____ \$ _____

Rental Car Company _____

\$ _____ car \$ _____ fuel \$ _____ tolls \$ _____

Private Car _____ Miles @ 0.55 cents per mile. \$ _____

\$ _____ tolls \$ _____

Hotel _____ \$ _____

Number of Nights _____

Per Diem or Meals itemized on reverse side \$ _____

Other Expenses itemized on reverse side \$ _____

Total Requested: \$ _____

I certify that this statement of charges claimed by me, including attachments, is correct and proper.

Signed by Traveler: _____ **Date:** _____

Authorized AIM Approval	Date	Date Paid	Amount Paid	Check No.

Meals (Itemized Meals not covered on other expenses)

Date	Breakfast	Lunch	Dinner	Other	Total
Total <u>Meals</u> entered on other side:					

Other Expenses(Ground Transportation , etc.)

Date	Expenses	Total
Total <u>Meals</u> entered on other side:		