



Reason for Travel	
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DIMACS Travel Reimbursement Request Form

Requester's Name	
Mailing Address	
Email Address	

Departure		Return	
from		to	
date		date	

Receipts Attached	→	
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Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Total:
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A. Transportation

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

B. Private automobile (Rate = \$0.530/mi)

Distance (mi)								
Distance x Rate:								
Tolls								

C. Rental automobile

Rental Expense								
Gasoline								
Tolls								

D. Accommodations

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	
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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 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: DIMACS Center Rutgers, The State University of New Jersey 96 Frelinghuysen Road, CoRE Building, 4th Floor Piscataway, NJ 08854-8018 Attn: Financial Assistant	Have Questions? financial-assistant@dimacs.rutgers.edu Telephone: (848) 445-4581
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ORIGINAL RECEIPTS MUST BE STAPLED TO THIS FORM