DIMACS Travel Reimbursement Request Form

Requester’s Name
Mailing Address
Email Address

Date: ____________________________

Total Amount of Expenses Requested For Reimbursement

For internal use only: RU Employee ID #: ______________________

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

ORIGINAL RECEIPTS MUST BE STAPLED TO THIS FORM