**DIMACS Reimbursement Request Form for Visitor Travel Expenses**

<table>
<thead>
<tr>
<th>Requester's Name</th>
<th>Mailing Address</th>
<th>Email Address</th>
<th>Departure</th>
<th>Return</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>from</td>
<td>to</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>date</td>
<td>date</td>
</tr>
</tbody>
</table>

**Receipts Attached x**

### A. Transportation
- **Air**
- **Train/Subway**
- **Bus**
- **Taxi/Shuttle**
- **Other**
- **Other (International)**

### B. Private automobile (Rate = $0.31/mi)
- **Distance (mi)**
- **Distance x Rate:**
- **Tolls**

### C. Rental automobile
- **Rental Expense**
- **Gasoline**
- **Tolls**

### D. Accomodations
- **Hotel**
- **Meals Charged to Room**

### E. Meals
- **Meals**

### F. Other
- **Parking Fees**
- **Other:**
- **Other:**

**Total Amount of Expenses Requested For Reimbursement**

---

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 visitation to DIMACS. 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 on the DIMACS website (http://dimacs.rutgers.edu/Applications/Visitor-reimbursement.html) 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 08855-8018  
Attn: Financial Assistant

**Have Questions?**  
financial-assistant@dimacs.rutgers.edu  
Telephone: (732) 445-5928

**ORIGINAL RECEIPTS MUST BE STAPLED TO THIS FORM**