Travel Reimbursement Request Form

For prompt payment, please submit PDFs of this completed form and all itemized receipts to reimbursements@math.mit.edu within 30 days of finishing travel. Incomplete forms and forms with insufficient documentation will not be processed.

CONTACT INFORMATION

Name: .....

Email: ..... Telephone: .....

Address: .....

.....

TRIP DETAILS

A detailed explanation of the trip's purpose and its benefit to the research project is required.. Please attach an additional page if more space is needed.

Purpose of trip: .....

..... Dates of travel: ..... – .....

Destination(s): ..... Source of funds: .....

Benefit of project:

- ☐ Necessary for dissemination of sponsored project results
- ☐ Necessary to carry out sponsored project
- ☐ Necessary for meeting sponsor or collaborator
- ☐ Non grant-sponsored activity
- ☐ Other benefit to sponsored project *(explanation required)*: .....

EXPENSES *(itemized)*

	Date	Description *(to–from, cities, etc.)*	Amount
Transportation:			
Hotel / Lodging:			
Meals *(total count)*:			
Per Diem* / Other:		*(Per diem requests must to list all **dates, cities and corresponding rates**)*	

Total Expenses: .....

Total Due to Traveler: .....

MIT
MATHEMATICS

Headquarters Office [HQ]
Building 2, Room 106
77 Massachusetts Avenue
Cambridge, MA 02139

617.253.4381 **[phone]**
617.253.4358 **[fax]**

Signature: ..... Date: .....

** Please note that Per diem allowances are for foreign travel or **pre-approved** domestic travel only.*
Per diem requests must include proof of appropriate rate(s) from sources listed below:
***International Per Diem Rates:** aoprals.state.gov/web920/per_diem.asp*
***Domestic Per Diem Rates:** gsa.gov/travel/plan-book/per-diem-rates*

Updated 082119.