



## Travel Expense Reimbursement Form

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Project/Contract \_\_\_\_\_

Dates of Meeting \_\_\_\_\_

Type of Expense	Description	Total Claimed
Lodging	_____	\$ _____
Transportation to meeting		
Personally owned vehicle		
mileage to/from meeting site		
(.505 cents/mile)	_____	\$ _____
<b>-- OR --</b>		
Purchased own ticket	_____	\$ _____
Ground transportation:		
Shuttle, taxi, and/or		
personally owned vehicle		
mileage to/from airport		
(.505 cents/mile)	_____	\$ _____
<b>Total Requested Reimbursement</b>		<b>\$ _____</b>
<p><b>Receipts are required for all lodging and any individual expenses. Receipts can be sent by fax or email (scanned copy) to the numbers below.</b></p> <p>For questions, please contact: Susana Olague at 703-292-8169            Fax or email receipts to: 703-292-9046, 703-292-9196 or solague@nsf.gov</p>		

\_\_\_\_\_  
**Signature**  
**(If not sending via email)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**GOH Authorization Signature**

\_\_\_\_\_  
**Date**