

Reimbursement information for the Algebra Extravaganza

Thank you for attending our event! Please use the method below to file a request for reimbursement for your travel expenses. Since we would like to process these requests as soon as possible, we would appreciate your paperwork by

Friday, August 4th.

Please email TJ Cusack (tjc@temple.edu) and cc Chelsea Walton (notlaw@temple.edu) with

Subject: AE receipts

Contents:

1. Your flight/ car rental receipt containing the total and method of payment (with last 4 digits of your card number), if pertinent.
2. Your accommodation receipt containing the total and method of payment (with last 4 digits of your card number), if pertinent.
3. Local ground transportation and parking receipts (in case we have the funding to cover these costs, see below). Scanned copies or clear photos of these receipts suffice.**
4. **A signed & dated blank copy of our T&E form** on the next page. We will fill in the details.
5. Your full name and address to which you would like the reimbursement check sent.

Amount of reimbursement:

Please see the email with subject "Algebra Extravaganza funding and website" sent around April 15th (or later with a different subject in some cases) for the minimum amount of funding that we are able to provide toward your travel expenses.

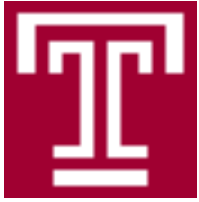
As available, we will prioritize funding towards the full reimbursement of (in order):

- invited speakers,
- poster presenters,
- junior and underrepresented participants,
- other participants,

who complete the paperwork by **August 4th.**

If your reimbursement request is not received by August 4th, then we will send you a reimbursement check for the minimum amount promised to your professional address.

** A tip: The app "GeniusScan" for your smartphone (if you have one) converts photos of notes into pdfs.



TEMPLE UNIVERSITY TRAVEL AND EXPENSE REPORT FOR NON TEMPLE EMPLOYEES

NAME		TUID	PHONE #	DEPARTMENT CST: Mathematics	DEPT. PHONE
STREET ADDRESS		CITY	STATE	ZIP	<input type="checkbox"/> INDICATE CHANGE OF ADDRESS
PURPOSE OF TRAVEL OR ENTERTAINMENT			CONTACT PERSON TJ Cusack	PHONE 1-7840	
<input type="checkbox"/> EMPLOYEE		<input type="checkbox"/> NON-EMPLOYEE		DESTINATION	TRAVEL MODE
<input type="checkbox"/> U.S. CITIZEN OR PERMANENT RESIDENT	<input type="checkbox"/> OTHER VISA TYPE <input type="text"/>	<input type="checkbox"/> U.S. CITIZEN PERMANENT RESIDENT	<input type="checkbox"/> OTHER VISA TYPE <input type="text"/>		
ALIEN		ALIEN			

DATE	DAY	AUTOMOBILE BUSINESS MILEAGE	AUTOMOBILE MILEAGE EXPENSE	AIR OR RAIL FARE	TAXI LIMOUSINE OR PUBLIC TRANSIT	PARKING, TOLLS CAR RENTAL	LODGING (ROOM + TAX)	MISCELLANEOUS (EXPLAIN BELOW)	MEALS				TOTAL	
									B	L	D	I		
														0.00
														0.00
														0.00
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														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
TOTALS			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

BRIEF EXPLANATION OF MISCELLANEOUS EXPENSES	AMOUNT	FUND	ORG	ACCOUNT	PROGRAM	AMOUNT	
						\$	TOTAL REIM-BURSED AMOUNT 0.00
						\$	LIMIT ON EXPENSES \$ 0.00
						\$	LESS ADVANCE \$
						\$	AMOUNT DUE \$ 0.00

SIGNATURE OF PAYEE X		APPROVAL (BUDGET UNIT HEAD)		DATE	APPROVAL (DEPARTMENT HEAD)		DATE
		X			X		
I HEREBY CERTIFY THAT THE ABOVE STATEMENT OF EXPENSES WERE INCURRED BY ME WHILE ON DUTY FOR TEMPLE UNIVERSITY AND I HAVE NOT RECEIVED ANY COMPENSATION FOR THESE EXPENSES.		PRINT NAME		PRINT NAME		SEND APPROVED	
						TRAVEL REIMBURSEMENT CENTER 1852 N. 10th Street, 083-11	