Visitor Travel Reimbursement Form

Georgialnstitute of **Tech**nology

School of Mathematics

Mail completed forms and original receipts to: Georgia Tech School of Math Finance Office

For	Office	Use

Hosting Professor:

Fax: 404-894-4409	Α	686 Cherry St. tlanta, GA 30332-0160		Project #:	
Email: travel@math.gatech.edu				and Stanford	
		al Information mailed to this address.)			
Date:					
Last Name:		First Nam	ie:		
Mailing Address:					
an		•	e:		
Email Address:			Vi		
Phone Number:					
This benefits Georgia Tech by	Ригр	ose of Visit			
		pecify seminar, conference or professor	_		
		vel Information			
Arrival Date:			9:		
Please list amounts	to be reimbursed and pr	ovide detailed receipts indicating	form of payment	•	
Airline Ticke	t\$	Hotel	s		red blied to CIT
Bus/Train/Taxl/Shuttle \$			\$		
	, s	a legaltibbA*	paperwork required	for honorarium	
	\$		s		
Placing an X here indicates All other location	is are reimbursed at the :	bursed meal expenses at the per federal per diem rate less \$3.00 fo its are needed.	diam rate of \$36.0		
	Mileage R	eimbursement		·	
	Total # of Miles	X \$0.535/ mile =	\$ Amount to be rei	mbursed	
<i>y</i>	Citizensh	ip/Visa Status			
US Citizen					
*Copy of gree	en card required				
** Non-Resident Allen	<u> </u>	<u> </u>			
•	Residence	Visa Type			
	sport, I-94 card, and IRS V	V8BEN form are required			
I do solemnly swear, under criminal penalty of a felony one nor more than five years that the above statements of Georgia Institute of Technology and have not been n	i are true and I have incurred t	he described expenses and the State use	a milanca na na nifini.	et a disilere	
VISITOR'S SIGNATURE			_ DATE		