



**HIRED CORE and ASSOCIATE FACULTY REIMBURSEMENT FORM FOR SML 2009**

**ORIGINAL, DETAILED RECEIPTS REQUIRED (include with this form; attach additional pages if needed)**

**PLEASE COMPLETE THIS FORM AFTER TEACHING AT SML, AND RETURN TO: Christine Bogdanowicz, Shoals Marine Laboratory, G-14 Stimson Hall, Cornell University, Ithaca, NY 14853**

*(QUESTIONS? Contact Christine: (607) 255-3851 or ccb5@cornell.edu. Please keep a copy of this form for your records!)*

**Faculty Member Name**

\_\_\_\_\_

**e-mail / phone number**

\_\_\_\_\_

**Mail Check To:**

\_\_\_\_\_

\_\_\_\_\_

**Destination:**

Shoals Marine Laboratory, Appledore Island

**Business purpose:**

Member of Academic Teaching Staff at Shoals Marine Laboratory

**TRAVEL TO and FROM PORTSMOUTH, NH:**

**Start date of travel**

\_\_\_\_\_

**End date of travel**

\_\_\_\_\_

**Total # of miles traveled (\$0.55/mile)**

\_\_\_\_\_

**List meals and tolls**

**(NO alcohol or parking, ATTACH RECEIPTS!)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Course or Program Related Expenses (ATTACH RECEIPTS!)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Account #:**  
**(SML will complete)**

\_\_\_\_\_

**SML departmental approval (Signature and CU NetID)**

\_\_\_ I certify that these charges are accurate and that I am not claiming reimbursement from any other source.

**Signature of Core/Associate Faculty Member**

**Date**