



HIRED ACADEMIC TEACHING STAFF TRAVEL and REIMBURSEMENT FORM 2010

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!)

Printed Name

e-mail / phone number

Mail Check To:

Destination:

Shoals Marine Laboratory, Appledore Island (or Creek Farm)

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 (\$0.50/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

Date