



GUEST FACULTY/LECTURER/RESEARCH MENTOR TRAVEL REIMBURSEMENT FORM

ORIGINAL, DETAILED RECEIPTS REQUIRED (attach and/or include with this form)

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

DEPARTMENT: Shoals Marine Laboratory

Business Purpose: Member of Academic Teaching Staff at Shoals Marine Laboratory

Location: Appledore Island, Maine

Date(s) of travel: _____

Item	Notes	Amount
Hotel/Lodging		\$
Taxi/shuttle (no parking)		\$
Miles traveled (\$.55/mile)		\$
Food		\$
Miscellaneous		\$
TOTAL (not to exceed \$100)		

Certification:

I hereby claim the above listed expenses for reimbursement and certify that they are just, true, and correct; that no part has been, nor will be, claimed for reimbursement from any other source, and that the balance is due and owing.

Printed name of traveler/Title/Affiliation

Signature of traveler

Date

Check made payable to: _____

Mailing address: _____

e-mail address: _____

For Departmental Use Only:
Account Number: _____
Department Account Approval: _____
Prepared by: _____