

Visitor Travel Reimbursement Form



Georgia Tech College of Sciences
School of Mathematics

Phone: 404-894-2700
Fax: 404-894-4409
Email: travel@math.gatech.edu

Mail completed form and original receipts to:
travel@math.gatech.edu or physical mailing address below:
Georgia Institute of Technology
School of Mathematics
ATTN: Finance Office
686 Cherry Street
Atlanta, GA 30332-0160

For Office Use

Hosting Professor: _____

Worktag # _____

Personal Information

(The check will be mailed to this address)

Date: _____

Last Name: _____

First Name: _____

Mailing Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Email Address: _____

Phone Number: _____

Purpose of Visit

This benefits Georgia Tech by: _____
(Specify seminar, conference or professor)

Visitor Travel Information

Arrival Date: _____ Departure Date: _____

Below, please list amounts to be reimbursed and provide itemized receipts that include the last 4 digits of credit card # or method of payment:

Airfare	\$ _____	Hotel	\$ _____
Bus/Train/Shuttle	\$ _____	Registration fee	\$ _____
Parking	\$ _____	# of Miles (if applicable)	_____
Other Expenses	\$ _____ (please explain "Other Expense(s)" below)		

Explanation/description for Other Expense(s): _____

I do solemnly swear that the above statements are true and I have incurred the described expenses as an official visitor of Georgia Institute of Technology and have not been reimbursed and have not filed nor will I file for reimbursement from any other source for said expenses. Making false statements are subject to punishment by fine and or imprisonment.

Visitor's Signature _____ Date _____