

**REQUEST FOR REIMBURSEMENT OF
HARTFORD FACULTY SCHOLARS PROGRAM RELATED EXPENSES**
(see instructions on next page)

1. Payee Name: _____
2. Mail Reimbursement
Check to This Address: _____
3. Purpose of trip: _____

4. Hotel Accommodations: _____
5. Transportation: _____
6. Other: _____
7. **TOTAL:** _____
8. Signature: _____
9. Date: _____

Return with receipts attached to: Julia Meashey, GSA, 1220 L Street NW, Suite 901, Washington, DC 20005.

PLEASE DO NOT WRITE BELOW THIS LINE

Charge to: _____

Approved by: _____

INSTRUCTIONS FOR REIMBURSEMENT

Categories not indicated on this reimbursement request are not reimbursable by the Society. **Please note that original receipts are required for all travel expenses.**

1. Name of individual incurring expense as it should appear on the check.
2. Address to which check should be mailed.
3. Activity for which expense was incurred, e.g., Pre-Conference workshop, etc. Please state date of activity.
4. Hotel accommodations will be reimbursed at the single room rate. Receipts must be attached.
5. Transportation expenses (ie. Air and ground). Coach class, not to exceed special economy fares when adequate notice of meeting was provided. Private auto reimbursed at standard mileage rate (51 cents per mile in 2011). Taxis are reimbursed at cost; receipts required.
6. Other miscellaneous expenses, e.g., meals and parking. Per diem rate calculation is based on the US General Services Administration rates specified for the area of travel. These are generally provided to you in an e-mail received prior to your travel. As a general rule, a maximum of \$50 is allowed for a full day's meals/3 meals. Car rentals are not covered unless cost is less than other transportation.
7. Signature of individual requesting reimbursement.
8. Date reimbursement requested.