Cornell Travel Reimbursement Form

FOR HIRED ACADEMIC TEACHING STAFF: COMPLETE, KEEP A COPY, ATTACH RECEIPTS! Return to: SML, G-14 Stimson Hall, Cornell, Ithaca, NY 14953 attn: C. Bogdanowicz

Name of Traveler			Business Purpose:	
Net ID/Phone			_	
Home Address (Where check will be sent)				
SS#				
Destination:			_	
	Dat	e	7	
Departure From HOME			-	
Return To HOME			_	
Meals Per Diem (circle one)	Yes	No		
	165	NO		
Mileage (if applicable)			_	
Account to Charge			_	
Advance Taken Out (circle one)	Yes	No		
Meals Incl in Registration (List dates)			_	
Prepaid Expenses (list)			_	
Prepared By			_	
Notes:				

I authorize this travel and the account provided above

Shoals Marine Laboratory Signature

I have Internet Explorer 5.5, please process travel reimbursement using on-line travel system.

I do not have Internet Explorer 5.5. I certify that these charges are accurate and that I am not claiming reimbursement from other sources for the expenses reported.