

THE MGAN EXPENSE REIMBURSEMENT FORM

Attached are my original receipts from the _____ attended
(Event Name)

at _____ on _____
(Event Location) (Date)

My expenses were as follows:

Lodging (room only; must be itemized) \$ _____

Internet access if related to MGAN activities \$ _____

Flight (including luggage fees) \$ _____

Airport Parking \$ _____

Car rental (_____ no. of days) \$ _____

Gas for rental \$ _____

Mileage (_____ miles X \$0.24/mile) \$ _____

(if you used your personal vehicle and not a rental)

Additional transportation (tolls, cab, etc) \$ _____

Meals (itemized receipts – no alcohol) \$ _____

(meal receipts must include the itemized version to show that no alcohol was purchased; meal costs must be reasonable and cannot exceed the amount allowed by NSF)

Additional expenses \$ _____

(provide a detailed explanation; note that these expenses may not be allowable under NSF rules)

TOTAL \$ _____

The above listed expenses are accurate and complete, to the best of my knowledge.

Your Name (Print clearly) _____

(Signature)

(Date)

Send reimbursement check to: _____
(Indicate if the check is written to your institution or to you)

Address of check recipient _____

Email _____

If needed, provide additional information in the box or on the reverse side of this document to ensure check arrival (e.g., institutional account number).

Please attach original receipts and mail to:

Dr. Lori Scott
Biology Dept.
Augustana College
Rock Island, IL 61201

