## Cognitive Science REIMBURSEMENT FORM

| NA   | ME:                                       |                      |            |                |         | PERSONNEL NU                 | JMBER:                     |                             |
|--|---|----------------------|------------|----------------|---------|------------------------------|----------------------------|-----------------------------|
|  |   |                      |            |                |         |                              |                            | LED IN BY SUE/SARAH         |
| TYPE OF REIMBURSEMENT:   |   | •                    |            |                |         |                              |                            |                             |
| Check the box that applies<br>(Travel [if travel, domestic or international] O<br>Non-Travel)  | PR  | TRAVEL<br>NON-TRAVEL |            | Domestic       |         | International                |                            |                             |
| PURPOSE OF EXPENSES INCURRED:  |   |                      |            |                |         |                              |                            |                             |
|  |   |                      |            |                |         |                              |                            |                             |
| START DATE OF TRIP: USE <u>Start Date</u> ONLY FOR <u>Non-Travel</u> EXPENSE RECEIPT   |   |                      | _ EN       | ND DATE OF     | TRIP:   |                              | <u> </u>                   |                             |
| CURRENCY:  |   | U.S. Dollars         |            | OTHER          |         |                              |                            |                             |
| Check the box that applies   |   | _                    |            |                |         | e list name of<br>ency above | Currency conversion        | website: OANDA.com          |
| BUDGET TO BE CHARGED (in words):   |   |                      |            |                | _       |                              |                            |                             |
|  | lmı                                       | portant Policy N     | ote: THE   | UNVERSI        | TY REC  | UIRES ORIGINA                | L, ITEMIZED RECEIPTS.      |                             |
| IF YOU ARE UN  | •   |                      |            |                |         |                              | PLETE / SUBMIT A MISS      |                             |
| For all grad student reimbu  |   |                      | a copy of  | written ap     | proval  |                              | (T                         | otal of each category here) |
| of this trip from my advisor,  | /PI and the                               |                      |            |                |         |                              |                            | MUST BE IN U.S. DOLLARS     |
|  |   | These lines are      | for receip | ot details. If | you spl | it an expense, pro           | vide name and cost distrib | ution AMOUNT                |
| carrier  |   |                      |            |                |         |                              |                            |                             |
| carrier:   | TRAIN:                                    |                      |            |                |         |                              |                            |                             |
| hotel chain: L   | ODGING:                                   |                      |            |                |         |                              |                            |                             |
| Bus /Limo/Taxi = <b>GROUND TRANSPO</b> For mileage, provide copies of each route to mapping service. Include start and end add miles traveled. Calculate the dollar value but IRS rate. https://www.irs.gov/tax-professionstandard-mileage-rates | using any<br>dresses plus<br>pased on the |                      |            |                |         |                              |                            |                             |
|  | MEALS:                                    |                      |            |                |         |                              |                            |                             |
|  |   |                      |            |                |         |                              |                            |                             |
|  |   |                      |            |                |         |                              |                            |                             |
|  |   |                      |            |                |         |                              |                            |                             |
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|  |   |                      |            |                |         |                              |                            |                             |
|  |   |                      |            |                |         |                              |                            |                             |
|  | OTHER:                                    |                      |            |                |         |                              |                            |                             |
| If you used a dept P-Card to pay   | _   |                      |            |                |         |                              |                            |                             |
| registration/submission fee  |   |                      |            |                |         |                              |                            |                             |
| <ul> <li>record cost &amp; description und</li> <li>note 'paid via P-Card'</li> </ul>  | er 'Otner'                                |                      |            |                |         |                              |                            |                             |
| - attach payment confirmation  |   |                      |            |                |         |                              |                            |                             |
| (For International Travel) F   | PER DIEM:                                 |                      |            |                |         |                              |                            |                             |
| Government website <b>for International</b> Per  | Diem rates                                |                      |            |                |         |                              |                            |                             |
| http://aoprals.state.gov/content.asp?cc<br>nt_id=184&menu_id=81_   |   |                      |            |                |         |                              |                            |                             |
| COMPLETE THIS SECTION FOR TRAV   | VEL REIMB                                 | URSEMENTS ON         | ILY.       |                |         |                              |                            |                             |
| De nondino montaio to  |   | Torondorlo Circosto  |            |                |         |                              | T                          | OTAL:                       |
| Regarding my trip to   |   | Traveler's Signatu   | Te         |                |         |                              |                            |                             |
| from to<br>I attest that the trip is being/was taken   |   |                      |            |                |         |                              |                            |                             |
| business purposes and that vacation is   | s not a                                   | Travolorio Nome (    | rinted)    |                |         |                              | Date                       |                             |
| major consideration for the travel.  |   | raveiers Name (      | mintea)    |                |         |                              |                            |                             |
|  |   |                      |            |                |         |                              |                            | _ on                        |
|  |   |                      |            |                |         |                              | submitted by               | on                          |