

**TRAVEL EXPENSE VOUCHER
AMERICAN MATHEMATICAL SOCIETY
201 Charles Street
Providence, RI 02904-2294**

(see detailed instructions on reverse of this form)

Level B Committee: Forward to Staff Liaison:
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Name: _____

Mailing Address: _____
street city state zip

Purpose of trip: _____
meeting attended meeting attended
city,date city,date

Date and hour: Departure: _____ Return: _____

TRANSPORTATION EXPENSES:

Airline ticket reimbursement is limited to economy class, at least two weeks advance purchase rate.
 Private automobile mileage reimbursement is limited to the comparable cost of an airline ticket.

Intercity:	From	To	Carrier	Amount Claimed
	_____	_____	_____	\$ _____.
	_____	_____	_____	\$ _____.
Local (taxi, etc. to and from home/airport/hotel only - may not exceed \$150)				\$ _____.
Private auto: _____ miles @ 58.5¢/mile = \$ _____ + \$ _____ tolls + \$ _____ parking =				\$ _____.
<small>(2008 rate)</small>				

LIVING EXPENSES: (limited to night before and night of meeting)

Hotel (Do NOT include movie rentals, health club, or laundry. Reasonable daily cost of internet access IS allowed.)	\$ _____.
Meals (ACTUAL expenses only, which do not appear on hotel bill; list on reverse)	\$ _____.

TOTAL EXPENSES CLAIMED \$ _____.

MINUS ADJUSTMENTS (list on reverse) - \$ _____.

AMOUNT REQUESTED \$ _____.

(Attach payment if amount of adjustments exceeds total expenses.)

I certify that this statement of charges claimed by me, including attachments, is correct and proper:

SIGNATURE _____ DATE _____

Office Use Only		
Supervisor: _____	01-_____-_____-_____	\$ _____.
Date: _____	01-_____-_____-_____	\$ _____.
Revised 07/08		

