

**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 @55¢/mile = \$ _____ + \$ _____ tolls + \$ _____ parking =				\$ _____.
				<small>(2009 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 01/09		

