

ISPS Travel Expense Reimbursement Form (revised JUNE 2022)

Name: _____

Address to receive payment: _____

Permanent Home Address: _____
(If different from address above)

Telephone # _____ E-mail: _____

Check the appropriate status: U.S. citizen _____ Permanent U.S. resident alien ("green card") _____

If neither, please provide country of citizenship and visa status: _____

Dates/purpose of travel: _____

Expenditures:

Air/Rail Travel \$ _____

Ground Transportation (taxi, limo, tolls, parking, etc.) \$ _____

Auto mileage: _____ miles @ \$.625 per mile \$ _____

From/to: _____

Car Rental \$ _____

Meals (Not applicable for this conference) \$ _____

Other (please specify) _____ \$ _____

Total \$ _____

Signature of Traveler: _____ Date: _____

Note: All expenses except auto mileage must be substantiated by dated original, itemized receipts. The current mileage allowance rate is 62.5 cents per mile. Please submit this form with scanned copies of all receipts to Pam Greene at pamela.greene@yale.edu. For all questions, please contact pamela.greene@yale.edu or call 203-432-3052.