Reimbursement Form

Mathematical Association of America
1529 Eighteenth Street, NW
Washington DC 20036
P: 202 387- 5200   F: 202 265 - 2384

Name ________________________________
Address ________________________________
Accounting Office Use Only
Vendor Code

Email ________________________________

Travel to / from ________________________________ Dates ________________________________

Purpose ________________________________

Traveler Signature ________________________________ Date ________________________________
Approval Signature ________________________________ Date ________________________________

A. Transportation Expenses

<table>
<thead>
<tr>
<th>Plane</th>
<th>Train</th>
<th>Rental car</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Taxi</th>
<th>Parking / tolls / other travel expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Private car (# miles)</th>
<th>$ 0.560</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Please see policy for trips > 600 miles roundtrip.

Total Transportation Expenses $ -

B. Lodging & Meal Expenses

<table>
<thead>
<tr>
<th>Lodging or Hotel</th>
<th>Meals*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Attach dated receipts. For missing receipts under $25, please note specific dates and amount spent.

Total Lodging & Meal Expenses $ -

C. Stipend or Honorarium

Amount of stipend or honorarium* $-
* Please attach description of agreement and of dates and hours worked.

Social Security Number* $-
* Only needed for payment of stipend or honorarium.

Total Stipend or Honorarium $ -

D. Miscellaneous Expenses

<table>
<thead>
<tr>
<th>Phone</th>
<th>Copies</th>
<th>Other*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Please provide additional info.

Total Miscellaneous Expenses $ -

Total Expenses ( A + B + C + D ) $ -

Receipts over $25 are required and for lesser amounts requested.

Please see reverse for Policy Governing Reimbursement of MAA Travel Expenses. Form date 1/2014
MATHEMATICAL ASSOCIATION OF AMERICA
Policy Governing Reimbursement of Travel Expenses

GENERAL
1. Reimbursement by MAA for travel expenses is intended as repayment for actual out-of-pocket expenses only.

2. Signatures: the traveler must sign this request, and an approval signature and date is necessary for all grants.

3. No claim should be made to MAA for expenses for which reimbursement is received from other sources. In the case of a trip for which reimbursement is received from more than one source, expenses should be allocated in a reasonable proportional manner.

4. Original receipts are to be supplied for travel, lodging, and for any other single item for expenditure $25.00 or more.

5. Persons requesting reimbursement are expected to observe prudent economy in choice of lodging, meals, and mode of travel. The following statements are intended to clarify and make more explicit this general policy.

TRAVEL
1. It is expected that anyone whose travel expenses are to be reimbursed by MAA will travel by the more direct route in terms of time and distance. Major deviation should be explained.

2. Airplane travel should normally be at coach (tourist, economy, and single class) rate. Travelers are urged to seek special discount rates wherever possible.

3. Short daytime trips by train should be by coach. For overnight trips, a roomette should be used.

4. Rental cars should be used only where the cost is less than that of public transportation or where public transportation is not available and the rental cost is less than that of a taxi. Travelers are urged to seek weekend or other discount rental rates.

5. Travel by private cars should be for relatively short trips only. Reimbursement is at the rate of $.555, annually indexed (July 2011) per mile, and this is intended for automotive expenses excluding toll charges and parking fees.

6. Except in cases where special circumstances preclude travel by public carrier, reimbursement for trips of over 600 miles round trip by private car will be at the rate of minimum air fares available during reasonable travel hours at the time of the trip, plus an allowance for taxi or limousine to and from the airport.

LODGING EXPENSES
1. Reimbursement will be made for actual expenses for lodging and meals.

2. Reimbursement is authorized for hotel and meals at moderate local rates. Travelers are expected to seek the lowest rates available within reasonable limits of comfort and convenience. Personal charges such as phone, in-room movies, laundry should not be included.

MISCELLANEOUS EXPENSES
1. Reimbursement is authorized for necessary taxi and limousine expenses in connection with air or train travel. A modest amount of miscellaneous expenses, such as tips to porters and business telephone calls, is permitted. Tips to waiters should be included as part of the meal costs. Reimbursement will include expenses for materials needed in a presentation for a meeting such as copying and supplies. Unusual expenses should be explained. Receipts are necessary for any expenditure $25.00 or more and are requested for all amounts.