

Request for Travel Expense Reimbursement

Visitor to Yale University Mathematics Department

Name of traveler: _____
Individual Requesting Reimbursement

Taxpayer ID: _____
Social Security Number, EIN or ITIN

Country of Citizenship or Permanent Residence: _____ Visa Status _____

Please note: If Non-US. Citizen or Permanent Resident, the following documentation is required:

- Copy of U.S. Passport and Visa identification pages (and, if applicable, the I20 or IAP-66/DS-2019)W8BEN
- Copy of I-94 – created online upon entry in US - **MUST be printed and carried while in US**
- Completed International Information Form (IIF) per visa type.

Payee: *I certify that these expenses were actual and reasonable and incurred for official business of Yale University and that no portion of this claim was provided free of charge, previously reimbursed from any other source, or will be paid from any other resource in the future. Should any portion of this reimbursement be found non-compliant with Yale University policy, I will reimburse the University within thirty (30) days of being notified.*

Signature of Requester: _____ Date: _____
Traveler or Individual Requesting Reimbursement

CONTACT AND ADDRESS INFORMATION:

Home Address: (required) _____ Telephone Number: _____
Street Address Unit. #

City State Zip Code Country

Mail check to: (if different than home address):

Street Address Unit. #

City State Zip Code

Email address: _____

Please complete side 2: Details on Travel Expenses Incurred

NOTE: attach original receipts

Administrative notes: Initiator's netid: _____ Charge to _____ Approved amount _____

Authorizer's approval _____

Please note: All reimbursements are subject to approval from the host before processing.

Travel Reimbursement:

Destination / Institution Visited: Yale University

Business Purpose: _____

Please note: for business purpose: who, what, when, where, why

Date(s) of Travel: _____

Details on Travel Expenses Incurred: *(attach original receipts)*

Conference Fees & Registration \$ _____

Airfare \$ _____

Train/Rail \$ _____

Lodging \$ _____

Ground Transportation:

Taxi \$ _____

Parking \$ _____

Shuttle \$ _____

Tolls \$ _____

Car rental \$ _____ Gas for rental car \$ _____

Other ground transportation \$ _____

Personal car mileage **(from/to locations)** _____
56 cents per mile effective 1/1 /2021

Other travel expenses (itemize): \$ _____

\$ _____

\$ _____

Non-Travel Portion:

Business Purpose Explanation: _____

Please note for business purpose: who, what, when, where, why

Title of Seminar or Colloquium **(attach announcement):** _____

Honorarium***: \$ _____

DOCUMENTS NEEDED FOR NON-US CITIZENS:

If Non-US. Citizen/Permanent Resident, the correct documentation must be supplied:

Please attach the following:

- Copy of U.S. Passport and Visa identification pages (and, if applicable, the I20 or IAP-66 /DS-2019 for F-1 or J-1 visa types I-797 for H-1B))
- Copy of I-94 - *Record is created online; no document is created on the spot. It proves you are in the US legally.*
- Completed and signed International Information Form (IIF) and W-8 BEN

PLEASE NOTE:

- We **MUST** have a copy of the I-94 to issue any payments to non-US citizens. The I-94 can be found at <https://i94.cbp.dhs.gov/I94/#/recent-search>. Please keep it on you with your passport at all times.
- University policy states that travelers are expected to submit reimbursement request with required supporting documentation within 10 business days of incurring the expense or returning from the trip.

Please let us know if you have come in on any other visa type, IE: WB, WT B-1 or B-2