

# THE MGAN EXPENSE REIMBURSEMENT FORM

Attached are my original receipts from the \_\_\_\_\_ attended  
(Event Name)

at \_\_\_\_\_ on \_\_\_\_\_  
(Event Location) (Date)

My expenses were as follows:

Lodging (room only; must be itemized) \$ \_\_\_\_\_

Internet access if related to MGAN activities \$ \_\_\_\_\_

Flight (including luggage fees) \$ \_\_\_\_\_

Airport Parking \$ \_\_\_\_\_

Car rental ( \_\_\_\_\_ no. of days) \$ \_\_\_\_\_

Gas for rental \$ \_\_\_\_\_

Mileage ( \_\_\_\_\_ miles X \$0.24/mile) \$ \_\_\_\_\_

(if you used your personal vehicle and not a rental)

Additional transportation (tolls, cab, etc) \$ \_\_\_\_\_

Meals (itemized receipts – no alcohol) \$ \_\_\_\_\_

**(meal receipts must include the itemized version to show that no alcohol was purchased; meal costs must be reasonable and cannot exceed the amount allowed by NSF)**

Additional expenses \$ \_\_\_\_\_

**(provide a detailed explanation; note that these expenses may not be allowable under NSF rules)**

**TOTAL** \$ \_\_\_\_\_

The above listed expenses are accurate and complete, to the best of my knowledge.

Your Name (Print clearly) \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Send reimbursement check to: \_\_\_\_\_  
(Indicate if the check is written to your institution or to you)

Address of check recipient \_\_\_\_\_

Email \_\_\_\_\_

If needed, provide additional information in the box or on the reverse side of this document to ensure check arrival (e.g., institutional account number).

**Please attach original receipts and mail to:**

Dr. Lori Scott  
Biology Dept.  
Augustana College  
Rock Island, IL 61201

