

U N I V E R S I T Y *of* H O U S T O N

Department of Mathematics Visitor Expense Reimbursement Request

Please send only receipted expenses that a UH host agreed to support, or that your host has asked you to provide in case there are funds available for reimbursement. Please provide all original receipts and, if applicable, your airfare itinerary and original receipt. Fill in the following information, sign this form and mail it with your original receipts to:

Department of Mathematics
Attn: Accounts Payable
University of Houston
651 Hoffman Hall
Houston, TX 77204-3008

For questions, problems, or concerns, contact:

Linda Robinson
ap@math.uh.edu
713-743-3771

Name _____

Dates of Trip: _____ Host or Workshop Name: _____

I confirm that the Individual Setup Form/Direct Deposit Form was faxed per instructions with an address or bank account at which I can receive reimbursements.

I have been previously setup for proper reimbursement.

If you are not sure whether UH will reimburse all of the receipts you provide, receipts will be sent back to you if you provide a self-addressed stamped envelope with this request.

| Expenses | Amount | Check if UH Paid already: |
|------------------------|--------|---|
| Airfare | _____ | <input type="checkbox"/> UH Paid Directly |
| Lodging | _____ | <input type="checkbox"/> UH Paid Directly |
| Rental Car | _____ | <input type="checkbox"/> UH Paid Directly |
| Other Transportation | _____ | |
| Food (exclude alcohol) | _____ | |
| Parking | _____ | |
| Rental Car Gas | _____ | |
| Other | _____ | |

Any explanations or comments: _____

I certify that the expenses itemized above are true and correct and have not been paid or reimbursed by any third party. I further understand that this is a request for reimbursement that in no way binds the University of Houston to pay these expenses.

Signature of Traveler or Host

Printed Name

Date