Reimbursement Form
Biophysics Program & Dept. of Structural Biology

To: Speakers and/or Visitors
From: Kathleen Guan (kguan@stanford.edu)
Amy Lin (amblin@stanford.edu)
Subject: Expenses / Travel

Please submit this form with all necessary receipts no later than 45 days since the day of your expense or travel.

Please provide the information below, and submit your original receipt(s), which should include the date, total amount of payment, and location(s). If this is a mileage reimbursement, please complete the bottom portion as well and attach the required documents.

**Payee Information**

Payee Name: __________________________________________

Mailing Address (where you would like the reimbursement check to be mailed to):

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

E-mail Address: ________________________________________________

Phone Number: ________________________________________________

**Mileage Information**: make sure to also provide map with route(s) of the distance traveled with this form.

Travel Date(s): ________________________________________________

Travel To-From: ________________________________________________

Total Mileage: ________________________________________________

Method of Transportation (please circle):

Automobile    Motorcycle    Airplane    Other (please specify): _____________________

Signature: __________________________________________    Date: ______________________

Form Last Updated 6/22/2017