

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:** _____