

# INSTITUTE for ADVANCED STUDY

## REQUEST FOR TRAVEL REIMBURSEMENT

NAME:

ADDRESS:

EMAIL:

DESTINATION:

DATE:

PURPOSE OF TRIP:

### I. EXPENSES

#### Out-of-Pocket Expenses

|                   |              |    |
|-------------------|--------------|----|
| Airfare           |              | \$ |
| Trainfare         |              | \$ |
| Private Car       | mi. @ 56¢/mi | \$ |
| Rental Car        |              | \$ |
| Parking           |              | \$ |
| Taxi/Limo         |              | \$ |
| Accommodation     |              | \$ |
| Meals             |              | \$ |
| Registration Fees |              | \$ |
| Tolls             |              | \$ |
| Other             |              | \$ |

Total Out-of-Pocket Expenses \$

II. REIMBURSEMENT METHOD: Direct Deposit \*\* Paper Check  
(US Dollar Accounts Only)

\*\* For Faculty, staff and members at IAS for longer than 60 days: I certify bank account information on file with Accounts Payable is still current (initial)

\*\* All others requesting direct deposit: You must complete and attach Direct Deposit Request form which is located at [www.ias.edu/campus-resources/working-at-ias/comptrollers-office/online-forms](http://www.ias.edu/campus-resources/working-at-ias/comptrollers-office/online-forms)

If you do not complete and attach form you will receive paper check.

### III. CHARGE TO ACCOUNT:

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Signature of Traveler

Date

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Supervisor or Authorized Signatory

Date