Reimbursement Form



Expense Reimbursement Request

Name:	SSN*:	
Home address:		
*If you do not have a USA social security number, ployour visa and passport.	ease see the KI-Net Coordin	ator Anıl to make a copy of
If KI-Net offered you reimbursement of expenses, pla	ease list your actual expense	es below. We will reimburse
you up to the amount specified in your invitation lette to reimburse you for amounts that are not support	rted by actual receipts.	
Airfare**/Train/Car_mileage	\$ \$ \$	
Local transportation	\$	
Lodging	\$	
Total	\$	
Please mail original receipts which show payment wand local transportation to the following address:	'	r "cash") for travel, lodging,

Anil Zenginoglu KI-Net/CSCAMM 4147 CSIC Building #406, Paint Branch Dr. University of Maryland, College Park, MD 20742

To quicken the process, you may email Anıl your receipt information, including the date, amount, and description (e.g. hotel, airfare and which airport, busfare) at Email: anil@cscamm.umd.edu

This information will be used to generate a travel expense statement (TES), that will be emailed to you for your signature. In order to complete your reimbursement, please mail the hand-signed TES back to Anıl. Unfortunately, we cannot accept scanned or electronic signatures on the TES. The University of Maryland will send a check to your home address **about 4 weeks after we receive your signed TES**.

If you have questions, please contact Anıl via Email: anil@cscamm.umd.edu, or Phone: 1-301-405-8886.

^{**} Please use a U.S. carrier for flights when available.