

The Newberry Library Center for Renaissance Studies
 60 West Walton Street, Chicago, IL 60610
 312.255.3514
 renaissance@newberry.org

Newberry Renaissance Consortium Grants
Travel Expense Report

Recipient: _____ Date: _____

Address to send check and tax notification: _____

Social Security Number: _____ Phone: _____

E-mail address: _____

Purpose:

Program at Newberry (name): _____

Program at Folger (name): _____

Research at Newberry Research at Folger

EXPENDITURES

Date	Transportation	Lodging	Meals	Other Amount Purpose	Totals
Mileage: Number of miles _____ x \$0.505 (calendar year 2008) =					
TOTAL					

Complete reimbursement request must include:

(1) Completed Travel Expense Report. (2) Signature below **OR** letter/e-mail of authorization from your University's representative. (3) Original or copied receipts for **ALL** expenses other than mileage.

<p>_____</p> <p><i>University</i></p> <p>_____</p> <p><i>Consortium Representative Name</i></p> <p>_____</p> <p><i>Consortium Representative Signature</i></p>	<p>For Center for Renaissance Studies use only:</p> <p>_____</p> <p><i>Authorization</i> <i>Date</i></p> <p style="text-align: center;">609300-</p> <p>_____</p> <p><i>Account number</i></p>
--	---