## The Origins of Volatiles in Habitable Planets: The Solar System and Beyond

October 16-17, 2017
Travel Reimbursement Request

| Name (Last, First) |  |
| :--- | :--- |
| Dates of travel |  |
| Street address* |  |
| City, State, Zip |  |
| Email Address |  |

* Use address where check should be mailed.


## Reimbursement process:

Reimbursement requests must include a copy of this form along with the receipts for which you are requesting reimbursement. You can submit electronic copies of your receipts along with a completed and signed copy of this form to the West Hall Business Office at whboffice@umich.edu. Please use the subject line, "[Your Last Name]: Reimbursement MIRA Volatiles". All reimbursement requests should be submitted by Friday, November 17, 2017. If you cannot submit your reimbursement request electronically, then you should mail a completed and signed copy of this form along with your original receipt(s) to:

> Ryan Campbell
> 274 West Hall
> 1085 South University Avenue
> Ann Arbor, MI 48109-1107

You will be mailed a check to the address provided above.

## Notes:

1. You will receive partial reimbursement only up to the promised amount by the Conference organizers and not exceeding the total expenses.
2. You are welcome to seek reimbursement from multiple sources as long as they do not cover the same expenses for which the MIRA Volatiles Workshop is reimbursing you.

Declaration: I hereby declare that I will not receive payment from any other source for any part of the expenses reimbursed by MIRA, The Origins of Volatiles in Habitable Planets: The Solar System and Beyond.
$\qquad$
$\qquad$

EXPENSES (original receipts are required for all reimbursements)

| Date |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- |
| Airfare | $\$$ | $\$$ | $\$$ | $\$$ |
| Ground Transportation | $\$$ | $\$$ | $\$$ | $\$$ |
| Meals - Breakfast | $\$$ | $\$$ | $\$$ | $\$$ |
| Meals - Lunch | $\$$ | $\$$ | $\$$ | $\$$ |
| Meals - Dinner | $\$$ | $\$$ | $\$$ | $\$$ |
| Lodging | $\$$ | $\$$ | $\$$ | $\$$ |
| Other | $\$$ | $\$$ | $\$$ | $\$$ |
| TOTAL | $\$$ | $\$$ | $\$$ |  |

