

**TRAVEL EXPENSE VOUCHER  
AMERICAN MATHEMATICAL SOCIETY  
201 Charles Street  
Providence, RI 02904-2213**

*(see detailed instructions on reverse of this form)*

Level C Council of the AMS Return to Staff Liaison: ELLEN HEISER ehh@ams.org
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Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
street city state zip

Purpose of trip: Council Meeting  
meeting attended

\_\_\_\_\_ city and date

Date and hour: Departure: \_\_\_\_\_ Return: \_\_\_\_\_

**ALL EXPENSES SHOULD BE REPORTED IN US DOLLARS AND  
SUBMITTED WITHIN 90 DAYS OF THE DATE THE MEETING OCCURRED.**

**TRANSPORTATION EXPENSES:**

Airline ticket reimbursement is limited to economy class, at least two weeks advance purchase rate.  
 Private automobile mileage reimbursement is limited to the comparable cost of an airline ticket.

Intercity:	From	To	Carrier	Amount Claimed
_____	_____	_____	_____	US\$ _____
_____	_____	_____	_____	US\$ _____
Local (taxi, etc. to and from home/airport/hotel only - may not exceed \$150)				US\$ _____
Private auto: _____ miles @ 54.5¢/mile = \$ _____ + \$ _____ tolls + \$ _____ parking =				US\$ _____
<small>(2018 rate)</small>				

**LIVING EXPENSES:** (limited to night before and night of meeting)

Hotel (Do NOT include movie rentals, health club, or laundry. Reasonable daily cost of internet access IS allowed.) US\$ \_\_\_\_\_

Meals (**ACTUAL** expenses only, which do not appear on hotel bill; list on reverse) US\$ \_\_\_\_\_

**TOTAL EXPENSES CLAIMED** US\$ \_\_\_\_\_

I certify that this statement of charges claimed by me, including attachments, is correct and proper:

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Office Use Only	
Supervisor: _____	<u>55003-0803-080-00</u> [officers/genl] \$ _____
	_____ - _____ - _____ - _____ \$ _____
Date: _____	

## American Mathematical Society Explanation of Level C Reimbursement

Travel support is provided for travel to Council meetings by members of the Council, members of the Board of Trustees, and Policy Committee Chairs.

Members are urged to exercise economy in formulating travel plans and discretion in requesting reimbursement from the Society.

### ***Reimbursable travel expenses***

Meetings are limited to the stated number per year (see charge). For each member attending a regular meeting of the Council the following expenses will be reimbursed, if requested: ground transportation (up to \$150) to and from home/airport/hotel; air or other transportation up to the economy round trip air amount; lodging for the night before and night of any scheduled meeting; reasonable meals for that time period (except that when meals are to be served in a meeting, no other meal will be reimbursed during that part of the day); and reasonable cost of daily internet access in the travel time period.

### ***Limitations on tickets and hotel***

Air tickets must be purchased at least two weeks in advance. Reimbursement will be made for the actual cost of an airline ticket, or ticket for another form of transportation, not exceeding economy class round trip fare. If you are combining this trip with a non-AMS trip, please consult Ellen Heiser ([ehh@ams.org](mailto:ehh@ams.org)) BEFORE you purchase your air ticket regarding the documentation required for reimbursement of the AMS portion of the trip. If driving, reimbursement will be at the actual mileage from home city to the meeting site and back at the current approved rate, to the extent that this amount does not exceed the cost of economy class round trip air fare for the same trip. Hotel and meal expenses will be covered for no more than the night before and night of any meeting attended.

### ***Expenses NOT covered***

Expenses not covered include: registration fees for AMS meetings (unless you are the Associate Secretary responsible for the meeting); excess ticket charges for seat upgrades, early bird check-in, or tickets not purchased at least two weeks in advance; baggage charges in excess of one checked bag; ticket change charges if for personal reasons (except if plans are changed due to illness or emergency); travel insurance; room charges in excess of the single rate; laundry; health club fees; and in-room movies.

### ***Submitting vouchers***

Email or postal mail the completed Level C voucher and associated receipts to Ellen Heiser. All expenses should be reported in US dollars (**include documentation from [www.oanda.com/currency/converter/](http://www.oanda.com/currency/converter/) or a similar source**). Provide receipts for all expenses, including ticket stubs and boarding passes. If the amount of the expense claimed on the voucher does not match the amount on the receipt, please write a note of explanation **on the receipt**. Expenses  $\leq$  \$25 do not require receipts if one is not readily available; however, **only actual expenses will be reimbursed, not estimated. All expense reimbursement requests must be received within 90 days of the date the meeting occurred.** A copy of each voucher and all supporting documentation should be retained for possible inspection by the Internal Revenue Service.

### ***Questions***

If you have any questions, please contact Ellen Heiser at the AMS Headquarters:  
[ehh@ams.org](mailto:ehh@ams.org), 800-321-4267 (from within US and Canada), or 401-455-4103 (worldwide).

### MEAL LOG

DATE	BREAKFAST	LUNCH	DINNER	TOTAL