



AMS-Simons Travel Grant Program

**Mentor Trip Approval
Pre-authorization Form**

To: AMS-SIMONS Travel Grant Program
American Mathematical Society
201 Charles Street
Providence RI 02904
fax: 401-331-3842
email: ams-simons@ams.org

Name _____

Date: _____

I have consulted with _____ and I approve the use of AMS-Simons Travel Grant funds for the following research related travel:

(choose one:)

Travel by awardee

Travel by a mathematical scientist to awardee's home institution for the purpose of scientific collaboration with the awardee. *If yes, give name:*

This form must be received at the AMS prior to start of travel

Proposed trip:

(name of conference, meeting, institution or person to be visited)

Departure location: _____

Destination city: _____

Approx. dates for the trip: begin: _____ end: _____

Any other notes about the purpose of the travel:

mentor's signature:

Instructions for Mentor: Type your signature then save the document and attach to an email to: ams-simons@ams.org. Your email must be generated from the mentor email account that is listed on the awardee's file.