

# MARK DIAMOND RESEARCH FUND

## Mileage Reimbursement Form

| Purpose of Trip | Date of Trip | Point of Origin | Destination | Total Mileage | Reimbursement (IRS rate at time of travel) |
|-----------------|--------------|-----------------|-------------|---------------|--|
|                 |              |                 |             |               | \$   |
|                 |              |                 |             |               | \$   |
|                 |              |                 |             |               | \$   |
|                 |              |                 |             |               | \$   |
| <b>TOTAL</b>    |              |                 |             |               | \$   |

“I affirm that I, \_\_\_\_\_, took the above trip(s) for research purposes as specified in my grant from the Mark Diamond Research Fund.”

GRANTEE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

“I affirm that \_\_\_\_\_ made the above trip(s) for research related to his or her thesis/dissertation project.”

ADVISOR NAME: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

ADVISOR SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_