



HS-STEM Summer Internship Program

Travel Certificate

Inbound-Outbound Transportation Reimbursement Request

Submit this form along with copies of your original receipts for expenses over \$75 within seven working days of arrival at your destination. Reimbursement will be electronically deposited to the bank account in our records.

Inbound Travel (TO the Internship Site)

Outbound Travel (FROM the Internship Site)

First Name:

Last Name:

Travel was to/from the Internship Site and:

Home address

University address

Other:

Departure City:

State:

Date:

Arrival City:

State:

Date:

Requesting reimbursement for:

(Check all that apply, and enter corresponding amounts requested for reimbursement.)

Airfare

Baggage Fees

Bus Fare

Train Fare

Private Car One-Way Mileage*

Other

Item

Amount

*If you do not have the odometer readings, you may use an internet travel website, such as [Rand McNally](http://RandMcNally.com), to calculate mileage.

Total Requested for Reimbursement:

By signing below, I certify that this statement is correct and just and that payment or credit has not been received from any source other than ORISE.

Signature

Date

Return Form By Email: DHsed@orau.org Or By Fax: (865) 576-4197

FOR ORISE USE ONLY

Rand McNally + 10%

Account.Task

Supplier

Amount to be paid

Program Approver

Program Approver Signature

Date

