

SMART FINAL REIMBURSEMENT REPORT

DATE:

STUDENT:

UNIVERSITY ID #:

EMAIL ADDRESS:

PROJECT TITLE:

FACULTY MENTOR:

ALLOWABLE EXPENSES

(Attach "ITEMIZED EXPENSE LIST" and receipts to this form)

TRAVEL:

- \$.655 per mile for the first 500 miles
- \$.3275 per mile for 501 miles or more
- All mileage is calculated from the IU South Bend campus to your destination (and return)

IN-STATE MILEAGE: # miles: \$:

OUT-OF-STATE MILEAGE: # miles: \$:

LODGING (submit original receipts only):

SUPPLIES:

- Must be specifically project-related and itemized with original receipts attached. This includes all duplicating costs.

OTHER (please provide specific details):

TOTAL REIMBURSEMENT REQUESTED:

I verify that these were the actual expenses for my Undergraduate Research Project. I have also submitted my finished project, Self-Evaluation, Travel Report (if any). I authorize the Undergraduate Research Office to sign all necessary university reimbursement request forms necessary.

SIGNATURE OF STUDENT APPLICANT:

SIGNATURE OF FACULTY MENTOR: