MAA GRANT EXPENSE REPORTING FORM

PAYABLE

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

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRANT NAME: WeBWorK

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRANT NUMBER: 3-8-710-910

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AUTHORIZATION SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*NOTE: A TIME AND ATTENDANCE FORM IS REQUIRED WHEN RECEIVING PAYMENT FOR PERSONNEL EXPENSES.

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| **\*PERSONNEL EXPENSES**Professional Salaries: Dates of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total hours/ days worked: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ | Account5110 | Task #\_\_\_\_\_\_\_\_\_\_\_\_ |
| Support Salaries: Dates of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total hours/ days worked: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ | 5130 | \_\_\_\_\_\_\_\_\_\_\_ |
| Fringe Benefits: Types of Benefits: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ | 5320 | \_\_\_\_\_\_\_\_\_\_\_ |
| HONORARIA & STIPENDSStipends – Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ | 6030 | \_\_\_\_\_\_\_\_\_\_\_ |
| TRAVEL EXPENSESDates of Travel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Purpose of Travel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Transportation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hotel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Subsistence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $$$ | 7160 | \_\_\_\_\_\_\_\_\_\_\_ |
| PARTICIPANTS’ SUPPORT COSTSStipends – Dates of Participation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ | 6000 | \_\_\_\_\_\_\_\_\_\_\_ |
| Travel for Participants: Dates of Travel:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Purpose of Travel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Transportation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hotel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subsistence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $$$$ | 7760776077707780 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| CONSULTING SERVICES Dates of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Hours Worked: \_\_\_\_\_\_\_\_\_\_\_ | (per budget)$ | 6000 | \_\_\_\_\_\_\_\_\_\_\_ |
| OFFICE EXPENSESTelephone: \_\_\_\_\_\_\_\_\_\_Postage: \_\_\_\_\_\_\_\_\_\_\_\_Printing & Duplicating: \_\_\_\_\_\_\_\_\_\_\_Supplies: \_\_\_\_\_\_\_\_\_\_ | $$$$ | 6110612061306510 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| OTHER EXPENSES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $$$$ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**ALL RECEIPTS MUST BE ATTACHED FOR ALL EXPENSES.**

 **TOTAL EXPENSES $ \_\_\_\_\_\_\_\_\_\_**

**Appendix H**

**The Mathematical Association of America**

**Policy Governing Reimbursement of Travel Expenses**

**General**

* 1. Reimbursement by MAA for travel expenses is intended as repayment for actual out-of-pocket expenses only.
	2. Signatures: the traveler must sign this request; an approval signature and date is necessary for all grants.
	3. No claim should be made to MAA for expenses for which reimbursement is received from other sources. In the case of a trip for which reimbursement is received from more than one source, expenses should be allocated in a reasonably proportional manner.
	4. Original receipts are to be supplied for travel, lodging, and for any other single item for expenditure $25.00 or more.
	5. Persons requesting reimbursement are expected to observe prudent economy in choice of lodging, meals, and mode of travel. The following statements are intended to clarify and make more explicit this general policy.

**Travel**

1. It is expected that anyone whose travel expenses are to be reimbursed by MAA will travel by the more direct route in terms of time and distance. Major deviations should be explained.
2. Airplane travel should be on a US flag carrier at coach (tourist, economy, and single class) rate. Travelers are urged to seek special discount rates wherever possible.
3. Short daytime trips by train should be by coach. For overnight trips, a roomette should be used.
4. Rental cars should be used only where the cost is less than that of public transportation or where public transportation is not available and the rental cost is less than that of the taxi. Travelers are urged to seek weekend or other discount rental rates.
5. Travel by private cars should be for relatively short trips only. Reimbursement is at the rate of $. 50 per mile and this is intended for automotive expenses excluding toll charges and parking fees.
6. Except in cases where special circumstances preclude travel by public carrier, reimbursement for trip over $1,000 miles round trip by private car will be at the rate of minimum air fares available during reasonable travel hours at the time of the trip, plus an allowance for taxi or limousine to and from the airport.

**Lodging Expenses**

1. Reimbursement will be made for actual expenses for lodging and meals.
2. Reimbursement is authorized for hotel and meals at moderate local rates. Travelers are expected to seek the lowest rates available within reasonable limits of comfort and convenience. Personal charges such as phone, in-room movies, laundry should not be included.

**Miscellaneous Expenses**

1. Reimbursement is authorized for necessary taxi and limousine expenses in connection with air or train travel. A modest amount of miscellaneous expenses such as tips to porters and business telephone calls is permitted. Tips to waiters should be included as part of the meal costs. Reimbursements will include expenses for materials needed in a presentation for a meeting such as copying and supplies. Unusual expenses should be explained. Receipts are needed for any expenditure $25.00 or more.

**Travel Insurance**

1. Travelers whose expenses are paid from MAA funds are covered by a group travel insurance policy.

**MAA GRANT PERSONNEL ACTIVITY FORM**

**Name: Grant Number:**

**Social Security Number: Grant Name:**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorization Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Date** |  | **Project (Grant) Hours Worked** | **Project (Grant) Activities** |
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