MAP Peer Reviewer Site Visit Expense Form



Name: Stan Dards

Email Address: sdards123@theunivmuseum.edu

Payment method: direct deposit or check? Direct deposit

Make payment to (if different from above):

University Museum of Art and Science

Mailing Address for check payments: 987 Main Street

Genericville, NY 96966

Institution Visited--Name: Imagine That! Science Center and Art Gallery

Institution Visited--City, State Biloxi, MS

Hotel wi-fi \$9.99 / day

SD have read the AAM Peer Review Travel Policy & this reimbursement request complies with it.

Place an your INITIALS in the box to serve as your e-signature or insert your signature below:

| | | | | | | | | | | - | | |
|--|----------|-------------|------|----------|----|----------|----|----------|----|---|----------|--------|
| Date → | 3 | /21/2017 | 3/ | 22/2017 | 3, | /23/2017 | 3/ | /24/2017 | | | Tota | ils |
| Lodging (Include itemized receipts) | | | | | | | | | | | | |
| Room night incl taxes | \$ | 110.65 | \$ | 110.65 | \$ | 110.65 | | | | | | |
| | ٦ | 110.03 | γ | 110.03 | Ş | 110.03 | | | | | \$ | 224.05 |
| Total Lodging (will auto calculate) | | | | | | | | | | | 15 | 331.95 |
| Travel (Include itemized receipts) | T . | | | | | | | | ı | | Τ. | |
| Air/Rail Fare | \$ | 298.72 | | | | | | | | | \$ | 298.72 |
| Mileage (personal vehicle): enter # miles→ | <u> </u> | | | | | | | | | | | |
| (mileage will auto calculate) | \$ | - | \$ | - | \$ | - | \$ | - | \$ | _ | \$ | - |
| Ground transportation (e.g., taxi, public | | | | | | | | | | | | |
| transit, Uber, shared ride) | \$ | 21.50 | \$ | 5.00 | \$ | 5.00 | \$ | 18.00 | | | \$ | 49.50 |
| Rental Car | | | | | | | | | | | \$ | - |
| Other travel (e.g., baggage fee, tolls, parking, rental car gas; do not inloude tips here) | | | | | | | | | | | | |
| | \$ | 25.00 | | | | | \$ | 25.00 | | | \$ | 50.00 |
| Total Travel (will auto calculate) | \$ | 345.22 | \$ | 5.00 | \$ | 5.00 | \$ | 43.00 | \$ | _ | \$ | 398.22 |
| Meals & Incidentals (Per Diem Based; See I | nstı | ructions; N | No R | eceipts) | | | | | | | - | |
| Look up your M&E per diem amount at | | | | | | | | | | | | |
| https://www.gsa.gov/perdiem | | \$51 |] | | | | | | | | | |
| and enter it here | | | • | | | | | | | | | |
| Enter your per diem amount for each day | \$ | 38.25 | \$ | 51.00 | \$ | 51.00 | \$ | 38.25 | | | | |
| 1st and last day: per diem x .75 | | | | | | | | | | | | |
| All other days full per diem amount | | | | | | | | | | | | |
| Meals & Incidentals TOTAL | | | | | | | | | | | \$ | 178.50 |
| Other (Explain below in Notes) | | | | | | | | | | | | |
| | | | \$ | 9.99 | \$ | 9.99 | | | | | \$ | 19.98 |
| TOTAL TO DE DEIMANUNCED | | | | | | | | | | | <u> </u> | 020.65 |
| TOTAL TO BE REIMBURSED | | | | | | | | | | | \$ | 928.65 |
| Notes: | | | | | | | | | | | | |