

Payment Approval Form

NAME OF VISITOR: _____

Visitor's Legal Address: _____

Name/Location of HOME INSTITUTION and Visitor's Affiliation:

Is Visitor a US CITIZEN? Yes [] No []

If no a FNI Form must be filled out – see Nathalie Morales in Main Office for details.

DATES OF Travel/Meeting: From: _____ To: _____

LOCATION OF MEETING: _____

DETAILED PURPOSE of meeting/travel as it relates specifically to grant/account being charged:

AMOUNT TO BE PAID: Travel Reimbursement: \$ _____
Fee for Collaboration: \$ _____
Lecture Fee: \$ _____

Other (Specify type & Amount) _____ / \$ _____

Fund to be Charged: 370.31510. _____ . _____ . _____

APPROVED BY: _____ DATE: _____
Principal Investigator

Please return this form to: Main Office, Department of Mathematics, 325
Science Center