

**Sharpe – Strumia Research Foundation  
Of the  
Bryn Mawr Hospital**

Form A

**TRAVEL REIMBURSEMENT FORM**

Please attach receipts for all claimed expenses. Please tape original receipts for all claimed expenses to 8½ X 11 sheets.

Name:											
Grant No.:				<u>Sun</u>	<u>Mon</u>	<u>Tues</u>	<u>Wed</u>	<u>Thurs</u>	<u>Fri</u>	<u>Sat</u>	<u>Totals</u>
Location to send check:	<b>Registration</b>										
	Plane      Rail										
Phone No.	<b>Lodging</b>										
	<b>Meals</b>										
Ext.	<b>Auto Rental</b>										
	<b>Local Transportation</b>										
Purpose:	<b>Other</b>										
Destination:											
Dates of Attendance:	<b>Personal Auto Expense</b>										
	Miles x Rate Per Mile = Amount										
From:	To:										
Name of meeting:											
<b>Investigator Signature:</b> _____										<b>EXPENSES GRAND TOTAL</b>	
(I certify that none of the above expenses have been paid elsewhere (not through the hospital).										<b>AMOUNT DUE INVESTIGATOR</b>	
<b>Date:</b> _____											

**Please forward to:** Louise Gethers  
Sharpe-Strumia Research Foundation  
130 S. Bryn Mawr Ave.  
1st Floor / H-Wing  
Bryn Mawr, PA 19010

<b>APPROVAL</b>	
<b>Approved by: (Please Print):</b> _____	
<b>Signature:</b> _____	
<b>Title</b> _____	<b>Date:</b> _____