

The Newberry Center for Renaissance Studies

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Newberry Renaissance Consortium Grants

Recipient: _____ Date: _____

Address to send check and tax notification: _____

Social Security Number: _____ Phone: _____

E-mail address: _____

Purpose:

Program at Newberry (name): _____

Program at Folger (name): _____

Research at Newberry Research at Folger

EXPENDITURES

| Date | Transportation | Lodging | Meals | Other Amount Purpose | Totals |
|---|----------------|---------|-------|-------------------------|--------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Mileage: Number of miles _____ x \$0.565 (for travel from January 1 – December 31, 2013) OR x \$0.56 (for travel from January 1 –December 31, 2014) | | | | | |
| TOTAL | | | | | |

Request must include: (1) Completed Travel Reimbursement Request. (2) Signature below OR letter or e-mail of authorization from your university’s representative. (3) **Original receipts** (no photocopies) for ALL expenses other than mileage or small amounts for which receipts were not available, such as local public transportation (note that some member schools reimburse automobile travel with receipts for fuel and tolls, not mileage). No flat per diem amounts paid. **NOTE:** Depending on many factors, reimbursements may be taxable income; if so, the Newberry will send you a 1099 in accordance with federal law. Keep copies of receipts and contact a tax preparation professional for advice.

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|---|---|
| | For Center for Renaissance Studies use only: |
| University | |
| Consortium representative name | Authorization Date |
| | 3 - - 3 - 00 - 600093 |
| Consortium representative signature <i>Each member institution sets its own policies and deadlines for awarding these grants; some may limit eligibility to specific departments, colleges, or other units. Contact your representative in advance to see if your trip is eligible for reimbursement.</i> | Account number |
| | <input type="checkbox"/> Stipend <input type="checkbox"/> Consultant |