

**2007 DOE DAY OF SCIENCE  
REQUEST FOR REIMBURSEMENT OF HOTEL EXPENSES**

Hotel Name: \_\_\_\_\_

School Name: \_\_\_\_\_

<b>Date: October 28-29, 2007</b>	<b>No. of Double Rooms:</b> <b>No. of Single Rooms:</b>	<b>Total \$</b>
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Please attach the ORIGINAL hotel folio and a list of participants from your institution with the room numbers to which they were assigned (if this information is not listed on the hotel folio).

I have attached a list of all passengers that were transported from my institution. I am requesting reimbursement in the amount of \$\_\_\_\_\_. I certify the attached charges for lodging (double-occupancy when possible) have already been paid to the hotel. *I understand that funds will be reimbursed according the Travel Reimbursement guidelines posted on the 2007 Day of Science Web site [www.ornl.gov/dayofscience](http://www.ornl.gov/dayofscience).*

Coordinator's Printed Name \_\_\_\_\_

Coordinator's Signature \_\_\_\_\_ Date \_\_\_\_\_

Make check payable to: \_\_\_\_\_

ATTN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

**Mail completed form, original hotel receipt, and list of participants to:**

Attn: CAROL LEFFEW,  
OAK RIDGE NATIONAL LABORATORY  
PO BOX 2008 MS 6434  
OAK RIDGE TN 37831-6434