

**2007 DOE DAY OF SCIENCE**  
**October 28-29, 2007**  
**REQUEST FOR REIMBURSEMENT OF TRANSPORTATION COST**

Name of Institution \_\_\_\_\_

Coordinator's Name \_\_\_\_\_ Date \_\_\_\_\_

Mode of Transportation \_\_\_\_\_

No. of Passengers Transported in Bus, Van, or Personal Vehicle \_\_\_\_\_  
 (Attach list of names)

**RENTAL VEHICLE**  
**(MUST ATTACH ORIGINAL RECEIPTS)**

Date:	From:	To: Knoxville, TN	
Date:	From: Knoxville, TN	To:	
	Type of Vehicle:	Rental Vehicle Cost	\$
		Gasoline Cost	\$
		<b>TOTAL</b>	\$

**PERSONAL VEHICLE (\$.485/MILE)**

Date:	From:	To: Knoxville, TN	Miles*
Date:	From: Knoxville, TN	To:	Miles
		<b>TOTAL</b>	\$

*\*Based on Rand McNally estimates (www.randmcnally.com)*

I have attached a list of all passengers that were transported from my institution. I am requesting reimbursement in the amount of \$\_\_\_\_\_. 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 and original receipts (if applicable) to:  
 Attn: CAROL LEFFEY, OAK RIDGE NATIONAL LABORATORY  
 PO BOX 2008 MS 6434  
 OAK RIDGE TN 37831-6434