Instructions for Submitting Travel Reimbursement for

Visions in Methodology 2012 (VIM)
For Women in Political Methodology

May 17-19, 2012

Department of Political Science, Pennsylvania State University

Through funding from the National Science Foundation, the University of Michigan, Center for Political Studies is able to provide reimbursement of travel expenses (airfare, ground transportation, parking, and mileage) up to $400.

The following steps – including paying close attention to the Travel Reimbursement Guidelines on the next page – will help ensure that you receive your reimbursement in a timely manner.

Please complete the 2012 VIM Travel Reimbursement Form, Page 3 of this document, and be sure to include:

- Name
- Social Security Number
- Home Address
- Signature of Participant/Traveler

Submit completed form and original receipts for reimbursable travel expenses (airfare, ground transportation, parking, and mileage). If submitting a request for mileage reimbursement, please also include the total mileage to be reimbursed as well as the starting point and destination.

Please allow 6-8 weeks for processing of your reimbursement. Form and original receipts should be submitted to:

Jana Deatrick
University of Michigan
Center for Political Studies
426 Thompson St., RM 4271
Ann Arbor, MI 48106-1248

For questions, please contact Jana Deatrick at jlbruce@umich.edu or 734-936-2774.
Travel Reimbursement Guidelines

**Airfare**
- NSF funding entails certain rules & restrictions on refundable expenses, most notable in this context being the strict requirement of coach-class advance-purchase fare on a U.S. carrier to & from the destination only. Non-U.S. airlines are not allowed, nor, generally, are stopovers or other routes than simple round-trip from & to the recipient's base to the nearest conference airport(s). Please note that if the recipients' travel logistics strictly require some deviation from simple roundtrip to/from his/her base, permission for the exception must be sought from the NSF-grant PI in advance, and, if allowed, the amount of reimbursement would be capped at the lowest-price simple-roundtrip fare available.

- Airfare must be booked and purchased at least 14 days in advance of travel with arrival and departure consistent with the dates of the conference.

- If choosing to drive versus fly, please submit along with your receipts, an airfare comparison sheet using the 14-day advance purchase rule above. The lesser of the two amounts (mileage or airfare) is the amount you will be reimbursed.

**Lodging**
- The lodging fees for paper presenters who will share a double room will be paid in full by the NSF grant and Penn State University. If a paper presenter has chosen to stay in a single room (subject to hotel availability), the guest must pay a partial room fee of $100/night.

In addition to the specific airfare and lodging guidelines above, the following rules also apply:

- Please submit original receipts for all expenses over $25.00.

- Expenses and receipts must be submitted within 45-days of the last day of the workshop.

- If submitting receipts over $25.00, the receipt must clearly show form of payment.

- Meal expenses will not be reimbursed.

As a reminder, reimbursable travel expenses include airfare, ground transportation, parking, and mileage, only as detailed in the memo informing you of having received funding, and only up to a maximum combined total of $400.
2012 Visions in Methodology Travel Reimbursement Form

Name: ____________________________________________________________

E-mail: ____________________________________________________________

Mailing Address (where reimbursement check will be mailed):
_______________________________________________________________
_______________________________________________________________
_______________________________________________________________

Social Security Number: ________________________________

Travel Details

Point of Departure: _________________________________________________

Dates of Travel: ___________________________________________________

Amount of Reimbursement: _________________________________________

Signature: ________________________________________________________