

KOREA-US SCIENCE COOPERATION CENTER
 1952 Gallows Road, Suite 330, Vienna, Virginia 22182
 Tel: (703) 893-9772, Fax: (703) 847-8592

Reimbursement Form

Purpose of Trip or Reason of Reimbursement: _____

Last Name: _____ First Name: _____ Phone: _____

Address you wish to receive the check: _____

E-Mail Address: _____

Social Security No.(Requested by KUSCO CPA): _____

Type of Expense	Description	Total Claimed (\$)
Lodging	# nights x actual cost per night	
Meals and Incidentals		
Transportation to Meeting	From: To:	
- Personal Vehicle	miles x 48.5 cents/mile	
- Purchased Ticket (Airfare/Train/Bus)	From: To:	
Other Expenses		
- Rental Car/ Taxi		
- Miscellaneous		

TOTAL: _____ \$0.00

**Note: Please attach all receipts
and mail with this form**

Signature: _____

Date: _____

KUSCO
 1952 Gallows Road, Suite 330
 Vienna, VA 22182
 Tel) 703-893-9772
 Fax) 703-847-8592
 Email: admin@kusco.org

For office use
Approved: _____

Date: _____

Authorization # _____