Visitor Data Sheet

School of Mathematics
Phone: 404-894-0773 **Fax: 404-894-4409**
Email: cdalton@math.gatech.edu

Mail completed forms and original receipts to:

Georgia Tech School of Math
Finance Office
686 Cherry St.
Atlanta, GA 30332-0160

For Office Use:

Hosting Professor:

Project #:

Personal Information

Date: _____

Last Name: _____ **First Name:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____ **Country:** _____

Email Address: _____

Phone Number: _____

Travel Information

Purpose of Visit: _____

Arrival Date: _____ **Departure Time:** _____
(Time you left your starting point)

Departure Date: _____ **Arrival Time:** _____
(Time you arrived back at starting point)

Transportation:

Airline Ticket $ _____ Hotel $ _____

Taxi/Shuttle $ _____ Meals $ _____

Honorarium $ _____

* Mileage $ _____ (# miles @ $.28 per mile)

_____ _____ _____
License Tag Number State Current Odometer Reading

*** License Tag Number and Odometer reading are required for mileage reimbursement**

Citizenship/Visa Status

US Citizen: **Yes ( )** **No ( )**

***Permanent Resident of US ( )** *Copy of green card required.

****Non-Resident Alien ( )** _____ _____
Country of Residence Visa Type

**Copy of Passport & I-94 Required