

## 0. Vendor/Requestor Information (all MUST complete this section)

<b>Vendor Name</b>	<input type="text"/>	<b>Email</b>	<input type="text"/>
<b>Mailing Address</b>	<input type="text"/>	<b>Phone</b>	<input type="text"/>
<b>Activity Dates/ Dates of Service</b>	<input type="text"/>	<b>GRAND TOTAL</b>	<i>(calculated automatically)</i>

*If you'd like to give this amount back to MAA as a tax-deductible donation, please check this box:*

**This form must be signed by the requestor in order for reimbursement to be processed.**

\_\_\_\_\_  
Requestor Signature

\_\_\_\_\_  
Date

### INSTRUCTIONS

**Please read the instructions below before completing this Reimbursement Request Form packet.**

The MAA has revamped its reimbursement form to encompass various types of reimbursements or payments to vendors, i.e., consulting services, travel & expense reimbursement, awards, stipends, etc. Please review the form prior to completing it.

**In this packet:**

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**Where to submit the completed packet:**

Please submit the completed packet with any necessary supporting documents *directly to* [maafinance@bill.com](mailto:maafinance@bill.com).

The **only** accepted format is PDF.

**\*Regarding W-9 Forms**

The MAA adheres to the IRS W-9 requirements for collecting tax ID's. We enforce this for our vendors paid for services rendered, awards or stipends. Per IRS rules, the MAA can deduct backup withholdings of 24% from the vendor's payment if we do not receive a completed W-9. Although this rule does not apply to travel or expense reimbursements, the MAA still enforces 100% collection of W-9 forms. **This applies to all new vendors.** For existing vendors, please submit a new W-9 if there was a change in vendor information, i.e. mailing address, vendor name. Learn more about W-9 forms here. For non-US citizens, please complete a W-8 BEN form (here) instead of a W-9. For minors, please complete the W-9 in your name, not your parent/guardian's.

**^Regarding EFT Forms**

The MAA's preferred payment method is ACH/direct deposit for domestic payments and wire transfers for international. All payments are made through BILL payable system. E-payment invitations are sent to the vendor's preferred email address. Vendors need to accept the invitation & add their banking information. **For vendors who do not wish to create a free BILL account, the EFT form must accompany the reimbursement form.**

*If requesting a stipend or honorarium, please complete this section.*

### 1. Stipend/Honorarium

<b>Competition or Program Name &amp; Number:</b>	<input type="text"/>	<b>Competition ID#:</b> <i>(if applicable)</i>	<input type="text"/>
<b>Purpose of Stipend/Honorarium:</b>	<input type="text"/>	<b>Amount Requested</b>	<input type="text"/>

*If requesting additional reimbursement, continue to next page. If this is your complete request, please complete W9 and EFT Forms as needed and submit.*

**Forms must be submitted no more than 120 days from the date of incurring or paying the expense.**

If submitting for a travel reimbursement, please complete this section.

**Note:** All expenses in this section must be for the same program or competition. If you have additional trips/expenses for reimbursement, you will need to complete a separate travel reimbursement for EACH. An additional copy of this section can be found on page 7.

## 2. Travel Reimbursement

<b>Competition or Program Name &amp; Number:</b> <input style="width: 95%; height: 20px;" type="text"/>	<b>Competition ID#:</b> <small>(if applicable)</small> <input style="width: 95%; height: 20px;" type="text"/>
<b>Dates of Travel:</b> <input style="width: 95%; height: 20px;" type="text"/>	

### Transportation

Eligible expenses include: plane/train tickets, rental car, taxi, parking, tolls, etc. Please attach receipts and list below.

<input style="width: 98%; height: 98%;" type="text"/>	<b>Expense Subtotal</b> <input style="width: 95%; height: 20px;" type="text"/>
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If using a personal car:

Look up the current IRS rate, and enter below. <https://www.irs.gov/tax-professionals/standard-mileage-rates>

<small>rate</small>	<input style="width: 95%; height: 20px;" type="text"/>	x	<small># of miles</small>	<input style="width: 95%; height: 20px;" type="text"/>	=	<b>Mileage Subtotal</b> <input style="width: 95%; height: 20px;" type="text"/>
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<b>Total Transportation</b>	<input style="width: 95%; height: 20px;" type="text"/>
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### Meals

Please include receipts and list below. Alcohol is not eligible for reimbursement on federal grants.

<input style="width: 98%; height: 98%;" type="text"/>	<b>Meals Receipts Subtotal</b> <input style="width: 95%; height: 20px;" type="text"/>
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If a per diem is stipulated in your agreement with the MAA, instead of submitting meals receipts, please complete the calculation below.

<small>per diem rate</small>	<input style="width: 95%; height: 20px;" type="text"/>	x	<small># of days</small>	<input style="width: 95%; height: 20px;" type="text"/>	=	<b>Per Diem Subtotal</b> <input style="width: 95%; height: 20px;" type="text"/>
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<b>Total Meals</b>	<input style="width: 95%; height: 20px;" type="text"/>
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### Lodging

Eligible expenses include: hotel room, AirBnB, etc. Please attach receipts and list below.

<input style="width: 98%; height: 98%;" type="text"/>	<b>Total Lodging</b> <input style="width: 95%; height: 20px;" type="text"/>
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### Other

Please attach receipts and list below. **All receipts are necessary for any miscellaneous expenditures requested for reimbursement.**

<input style="width: 98%; height: 98%;" type="text"/>	<b>Total Other</b> <input style="width: 95%; height: 20px;" type="text"/>
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<b>Total Travel</b> <small>(autocalculated from above)</small>	<input style="width: 95%; height: 20px;" type="text"/>
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If requesting additional reimbursement, continue to next page. If this is your complete request, please complete W9 & EFT Forms as needed and submit.

**Forms must be submitted no more than 120 days from the date of incurring or paying the expense.**



**GENERAL**

1. Reimbursement by MAA for travel expenses is intended as repayment for actual out-of-pocket expenses only.
2. Forms must be submitted no more than 120 days from the date of incurring or paying the expense.
3. **Signatures: The traveler must sign this request. If the traveler is a minor, a parent or guardian must sign this request.**
4. No claim should be made to MAA for expenses for which reimbursement is received from other sources. In the case of a trip for which reimbursement is received from more than one source, expenses should be allocated in a reasonable proportional manner.
5. Original receipts are to be supplied for travel, lodging, and for any other single item for expenditure \$25.00 or more.
6. Persons requesting reimbursement are **expected to observe prudent economy** in choice of lodging, meals, and mode of travel. The following statements are intended to clarify and make more explicit this general policy.

**TRAVEL**

1. It is expected that anyone whose travel expenses are to be reimbursed by MAA will travel by the more direct route in terms of time and distance. Major deviation should be explained.
2. Airplane travel should normally be at coach (tourist, economy, and single class) rate. Travelers are urged to seek special discount rates wherever possible.
3. Short daytime trips by train should be by coach. For overnight trips, a roomette should be used.
4. Rental cars should be used only where the cost is less than that of public transportation or where public transportation is not available and the rental cost is less than that of a taxi. Travelers are urged to seek weekend or other discount rental rates.
5. **Travel by private cars should be for relatively short trips only. The MAA uses the current mileage reimbursement rate dictated by the IRS - check the IRS.gov website for the most current rate. This is intended for automotive expenses excluding toll charges and parking fees.**
6. Except in cases where special circumstances preclude travel by public carrier, reimbursement for trips of over 600 miles round trip by private car will be at the rate of minimum air fares available during reasonable travel hours at the time of the trip, plus an allowance for taxi or limousine to and from the airport.

**LODGING EXPENSES**

1. Reimbursement will be made for actual expenses for lodging and meals.
2. Reimbursement is authorized for hotel and meals at moderate local rates. Travelers are expected to seek the lowest rates available within reasonable limits of comfort and convenience. Personal charges such as phone, in-room movies, laundry should not be included.

**MISCELLANEOUS EXPENSES**

1. Reimbursement is authorized for necessary taxi and limousine expenses in connection with air or train travel. A modest amount of miscellaneous expenses, such as tips to porters and business telephone calls, is permitted. Tips to waiters should be included as part of the meal costs. Reimbursement will include expenses for materials needed in a presentation for a meeting such as copying and supplies. Unusual expenses should be explained. **All receipts are necessary for any miscellaneous expenditures requested for reimbursement.**

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

<b>Print or type.</b>	<b>See Specific Instructions on page 3.</b>	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <hr/> <p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC      <input type="checkbox"/> C Corporation      <input type="checkbox"/> S Corporation      <input type="checkbox"/> Partnership      <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p>
		<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p><b>6</b> City, state, and ZIP code</p> <hr/> <p><b>7</b> List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p> <hr/>

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> </table>					-	-	-	-
-	-	-	-					
<b>or</b>								
<b>Employer identification number</b>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> </table>					-	-	-	-
-	-	-	-					

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

## EFT Payment Form

### Receiver Contact Information:

Payee Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### ACH/Wire Transfer Information: (Domestic)

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

### Wire Transfer Information: (International Payments)

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Account Name: \_\_\_\_\_

IBAN or Account Number: \_\_\_\_\_

Swift Code / Routing Number: \_\_\_\_\_

### Terms and Conditions

By signing the EFT Payment Form, I authorize the Mathematical Association of America (MAA) to transfer funds as shown on the form. I am responsible for the accuracy of the above information, including misspelled names, account numbers, or incorrect identification numbers. I agree to indemnify & hold harmless the MAA, any & all claims, lawsuits, or other types of expenses occurring due to the MAA executing the funds transfer as instructed on the EFT Payment Form. The MAA is not responsible to any transferee, beneficiary, or other party because of this payment form, nor shall the MAA be liable for insolvency, neglect, misconduct, mistake, or default of another institution or person, including an originator. The MAA will always send EFT payments in U.S. dollars. The exchange rate will be determined by the receiving financial institution. Financial institutions may sometimes charge a fee for EFT transfers. The MAA is not responsible for any fees. All fees are the responsibility of the receiver & may be deducted from the EFT payment amount.

\_\_\_\_\_  
Payee Signature *(if 18 years of age or older)*\_\_\_\_\_  
Date\_\_\_\_\_  
Payee Printed Name *(if 18 years of age or older)*

### Completing the EFT Form for a Minor

By signing here, I am attesting that the payee is a minor under 18 years of age; I am 18 years of age or older; and, I am authorized to accept payment for them.

\_\_\_\_\_  
Signature of Authorized Person\_\_\_\_\_  
Minor's Name Printed\_\_\_\_\_  
Printed Name of Authorized Person\_\_\_\_\_  
Authorized Person's Relationship to Minor

If submitting for an **ADDITIONAL** travel reimbursement, for a different program or competition than what you completed on page 2, please complete this section.

**Note:** All expenses in this section must for the same program or competition.

## ADDITIONAL Travel Reimbursement

<b>Competition or Program Name &amp; Number:</b> <input style="width: 90%;" type="text"/>	<b>Competition ID#:</b> <i>(if applicable)</i> <input style="width: 90%;" type="text"/>		
<b>Dates of Travel:</b> <input style="width: 95%;" type="text"/>			
<b>Transportation</b>			
Eligible expenses include: plane/train tickets, rental car, taxi, parking, tolls, etc. Please attach receipts and list below.			
<input style="width: 95%; height: 30px;" type="text"/>	<b>Expense Subtotal</b> <input style="width: 95%;" type="text"/>		
If using a personal car: Look up the current IRS rate, and enter below. <a href="https://www.irs.gov/tax-professionals/standard-mileage-rates">https://www.irs.gov/tax-professionals/standard-mileage-rates</a> .			
<i>rate</i> <input style="width: 100px;" type="text"/>	x <input style="width: 100px;" type="text"/>	= <input style="width: 100px;" type="text"/>	<b>Mileage Subtotal</b> <input style="width: 95%;" type="text"/>
		<b>Total Transportation</b> <input style="width: 95%; border: 2px solid black;" type="text"/>	
<b>Meals</b>			
Please include receipts and list below. Alcohol is not eligible for reimbursement on federal grants.			
<input style="width: 95%; height: 30px;" type="text"/>	<b>Meals Receipts Subtotal</b> <input style="width: 95%;" type="text"/>		
If a per diem is stipulated in your agreement with the MAA, instead of submitting meals receipts, please complete the calculation below.			
<i>per diem rate</i> <input style="width: 100px;" type="text"/>	x <input style="width: 100px;" type="text"/>	= <input style="width: 100px;" type="text"/>	<b>Per Diem Subtotal</b> <input style="width: 95%;" type="text"/>
		<b>Total Meals</b> <input style="width: 95%; border: 2px solid black;" type="text"/>	
<b>Lodging</b>			
Eligible expenses include: hotel room, AirBnB, etc. Please attach receipts and list below.			
<input style="width: 95%; height: 30px;" type="text"/>	<b>Total Lodging</b> <input style="width: 95%; border: 2px solid black;" type="text"/>		
<b>Other</b>			
Please attach receipts and list below <b>All receipts are necessary for any miscellaneous expenditures requested for reimbursement.</b>			
<input style="width: 95%; height: 30px;" type="text"/>	<b>Total Other</b> <input style="width: 95%; border: 2px solid black;" type="text"/>		
		<b>Total Travel</b> <i>(autocalculated from above)</i> <input style="width: 95%; border: 2px solid black;" type="text"/>	

If requesting additional reimbursement, continue to next page. If this is your complete request, please complete W9 & EFT Forms as needed and submit.

