Travel Grant Reimbursement Form
2008 IEEE Systems and Information Engineering Design Symposium

FORM MUST BE SUBMITTED WITHIN 5 BUSINESS DAYS OF CONFERENCE CLOSING

Paper Title: ____________________________________________________________

Names of Student Authors Requesting Travel Scholarships
Name ________________________________________________________________
Email Address _________________________________________________________
Name ________________________________________________________________
Email Address _________________________________________________________
Name ________________________________________________________________
Email Address _________________________________________________________

Name & Address of your University/College: ________________________________

Arrival Date: ________________  Departure Date: ________________

EXPENSES ~Attach justification and an original receipt for each item ~

Lodging (include receipt paper from the hotel, not credit card receipt) Costs
Hotel Rate per Night $____
Hotel Taxes $____
Number of Rooms $____
Number of Nights $____
Total Lodging $____

Transportation (include all boarding passes) Costs
Airfare Cost _____ X Number of Tickets _____ $____
Bus/Train Ticket Cost _____ X Number of Tickets $____
Taxi or Shuttle to/from Airport $____
Mileage (if driving your own car) _____ x $0.505 /mile = $____
Total Transportation $____

Registration Costs
Registration Fee $____

TOTAL REIMBURSEMENT REQUEST $_______

REMINDERS
• Only travel, lodging, and registration expenses for 2008 IEEE SIEDS will be reimbursed.
• All original receipts must be included with the reimbursement request. You may wish to retain a copy of all submitted materials for your own records.
• Your reimbursement will be up to the amount of which you have been notified.
• You must submit your reimbursement no later than 5 business days after the close of the conference.

YOUR SIGNATURE IS REQUIRED FOR CONSIDERATION
Your signature certifies that the information on this form is true & correct. Signing this form indicates that you will not seek reimbursement from any other agency for the incurred expenses.

__________________________  __________________________
Signature              Date

__________________________  __________________________
Printed Name              Paper Title