Society for Industrial and Applied Mathematics

Weekly Expense Report

Name: _____
Student Chapter: _____
Check Payable to: _____
Mailing address: _____

Location of Annual Meeting: _____
Ending Date: _____

Expense Item								**Totals**
Breakfast								
Lunch								
Dinner								
Snack								
Hotel								
Air								
Rail								
Parking								
Tolls								
Bus/Taxi								
Rented Auto								
Private Auto @ 0.535/mi								
Telephone								
Miscellaneous								
Total Expense								
Less CC Charges								
Cash Expense								

Receipts required for all items.
Detailed receipts showing the items purchased are required for all meals.

Due Participant/Speaker

Travel From							
Travel To							
Total Mileage							

Explanation of expenses that may be unusual or large

Purpose of Trip

Please return completed form to:
SIAM
Attn: Nancy Snell
3600 Market St., 6th Floor
Philadelpia, PA 19104-2688

Submitted by : _____ **Date:** _____

Approved by : _____ **Date:** _____