

**Society for Industrial and Applied Mathematics**  
**Additional Reimbursement Request Form**

This form must be completed if expected reimbursement for travel, room and board expenses for participation in a SIAM Conference will exceed \$1,500 for Invited Plenary Speakers traveling within North America, or \$2,500 for speakers traveling outside of North America.

Please return the completed form to the SIAM office at the address below no later than six weeks prior to the conference. Please estimate all costs.

Guidelines for reimbursement of invited plenary speakers are available online at [http://www.siam.org/meetings/guidelines/expense\\_guide.php](http://www.siam.org/meetings/guidelines/expense_guide.php).

Keynote speakers for the SIAM Conference on Data Mining should review the guidelines at <http://www.siam.org/meetings/guidelines/DMreimbursement.php>

**Return by mail or fax to:**

SIAM  
Connie Young, Conference Director  
3600 Market Street – 6<sup>th</sup> Floor  
Philadelphia, PA 19104-2688  
Fax: 215-386-7999

**Personal Information**

Name: \_\_\_\_\_  
Affiliation: \_\_\_\_\_  
Conference Name: \_\_\_\_\_  
Conference Location: \_\_\_\_\_

**Travel Cost**

Airfare: \$ \_\_\_\_\_  
Dates of travel: Arrival: \_\_\_\_\_ Departure: \_\_\_\_\_  
Name of carrier: \_\_\_\_\_  
Flight number(s): \_\_\_\_\_  
Personal car:  
Number of miles \_\_\_\_\_ x \$0.54 per mile (IRS 2016 rate) = Total mileage cost \_\_\_\_\_  
Taxi fare: \$ \_\_\_\_\_

**Hotel Cost**

*The number of reimbursable hotel nights should not exceed the length of the meeting plus one night.*

Arrival date: \_\_\_\_\_ Departure date: \_\_\_\_\_  
Total number of hotel nights: \_\_\_\_\_

**Meal Cost**

Cost per day: \$ \_\_\_\_\_  
Number of days: \_\_\_\_\_

**Total Estimated Expense**

A) Total estimated expenses \$ \_\_\_\_\_  
B) Contribution from own sources (if any) \$ \_\_\_\_\_

**Total amount requested (A minus B) \$ \_\_\_\_\_**

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**SIAM Office Use**

SIAM Conference Director \_\_\_\_\_ SIAM Director of Programs and Services \_\_\_\_\_  
SIAM Executive Director \_\_\_\_\_

**Total amount approved \$ \_\_\_\_\_**