

Reimbursement

Circle on the Road (March 13-15, 2010)

Please complete and return to Dave Auckly before you leave or mail to:
Dave Auckly, 17 Gauss Way, Berkeley, CA 94720-5070, USA

PLEASE PRINT CLEARLY

Name: _____

Dates attended *Workshop*: _____

(Required)

Mailing Address:

Amount requested: \$ _____

*(We will match our offer and cover full expenses,
if we have sufficient funds.)*

Citizenship: _____

please complete the back of this form.

Non U.S. resident, Visa Type _____

IMPORTANT: *Please attach a copy of your **passport** including **visa** and **I-94** card (**I-201D** form is required for all **J1** and **F1** Visas). If you are a permanent resident please attach a copy of your **green card**.*

The Per Diem expenses (lodging and meals) I incurred during my participation in the above-mentioned workshop equaled or exceeded the amount received from the Mathematical Sciences Research Institute. I certify that the information I have provided here is correct to the best of my knowledge.

Print Name _____

Signature _____

Date _____

Please note that our U.S. government funding sources require that we report the demographic makeup of our workshops and programs to the best of our ability. Although the following questions are optional, it would help us greatly to secure funding in the future if you would take the time to answer them. Many thanks for your help and understanding.

Gender

- Male
- Female
- Decline to State

Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino
- Decline to State

Race

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Decline to State

Highest Degree Earned

- PhD or equivalent
- Masters or equivalent
- Bachelors or equivalent
- Decline to State

Year of Highest Degree

Primary Field of Interest

- Mathematical and statistical sciences
- Computer Science
- Physical Science
- Life science
- Social Science
- Engineering
- Education
- Other

Position at Institute

- Undergraduate
- Graduate
- Post Doc/Faculty
- Other

Institution: _____

Country _____

State _____

Lodging _____ \$ _____

Food _____ \$ _____

Airfare

To/From: _____ \$ _____

Carrier _____

Please attach the original passenger receipt portion of your ticket, and, if total price is not on it, a receipt showing price of ticket. If you traveled on an "e-ticket" please attach a copy.

Ground Transportation*

Mode: _____ \$ _____

_____ \$ _____

If by personal car, _____ miles at \$0.55 per mile
(only to and from home city or to and from airport(s))

Travel to _____ from _____

Rental cars can be reimbursed only for first and last day of travel up to \$35/day and only for travel to and from home city or to and from airport(s).

Other transportation expenses (do not include lodging or meals on this form) \$ _____

Attach all original receipts.

IRS REQUIRES RECEIPTS FOR ALL SINGLE ITEMS OF \$75 OR MORE. Total \$ _____

In order to be reimbursed, this form must be mailed within 2 weeks of the end of the workshop

Restriction Code: 10
General Ledger Code: 5528=tr 5538=pd
Department/Project Code: 07--508010
Funding Source:6120
PID:

Limit of Offer:	\$ _____
Reimbursement Amount:	\$ _____
Date:	_____
Approved By:	_____