

# TRAVEL REIMBURSEMENT REQUEST

## SIAM Data Mining 2007

Minneapolis, MN

4/26-4/27, 2007

NAME \_\_\_\_\_

SOCIAL SECURITY # (required for tax purposes) \_\_\_\_\_ PHONE # \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

VISA TYPE, COUNTRY, EXPIRATION DATE \_\_\_\_\_

If Visa is expired, please also provide expiration date of I-20 \_\_\_\_\_

HAVE YOU FILED A W-4 CLAIMING EXEMPTION FROM MINNESOTA WITHHOLDING, OR REDUCED WITHHOLDING THIS CALENDAR YEAR? YES \_\_\_\_\_ NO \_\_\_\_\_

**\*\* RECEIPTS REQUIRED FOR ALL EXPENSES EXCEPT MEALS UNDER \$25\*\***

**\*\*Alcohol and in-room movies are not reimbursable\*\***

### EXPENSES

### AMOUNT

Airfare (Economy, US-based carrier only): \_\_\_\_\_

Lodging: \_\_\_\_\_

Meals: \_\_\_\_\_

Student Registration Fee: \_\_\_\_\_

**TOTAL (NOT TO EXCEED \$500)** \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE: I certify I have incurred the above expenses, and they are valid and accurate.

\_\_\_\_\_  
DATE

### SUBMIT REIMBURSEMENT & REPORT TO:

Gina McCabe

4-192 EE/CS Building

200 Union ST SE

Minneapolis, MN 55455

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