

**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 Conference Director, Connie Young ([cyoung@siam.org](mailto:cyoung@siam.org)) no later than six weeks prior to the conference. Please estimate all costs.

Guidelines for reimbursement of Travel Expenses are online at <https://www.siam.org/Conferences/About-SIAM-Conferences/Conference-Guidelines/Detail/guidelines-for-reimbursement-of-travel-expenses>

Keynote speakers for the SIAM Conference on Data Mining should review the guidelines at <https://www.siam.org/Conferences/About-SIAM-Conferences/Conference-Guidelines/Detail/reimbursement-policy-for-the-siam-conference-on-data-mining>

IRS mileage rates are available at <https://www.irs.gov/tax-professionals/standard-mileage-rates>

**Conference Name:** \_\_\_\_\_

**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 [allowable IRS rate] = Total mileage cost \_\_\_\_\_

Taxi fare: \$ \_\_\_\_\_

**Hotel Cost**

*The number of reimbursable hotel nights should not exceed the length of the meeting (as it appears on the SIAM Conferences Calendar at <https://www.siam.org/Conferences/Calendar>) 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 \$\_\_\_\_\_**