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 SIAM Conference Director, Lisa Dyson (ldyson@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/guidelinesfor-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/ConferenceGuidelines/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*) $_____

SIAM Office Use

SIAM Conference Director _____ SIAM Director of Programs and Services _____

SIAM Executive Director _____

Total amount approved $_____