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) 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

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**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](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 $________**