



## Short Course Instructor Reimbursement Form

Meeting .....

Instructor Name .....

Date Submitted .....

Course Number(s) .....

Reimbursable Expenses .....

EXPENSE	AMOUNT REQUESTED
Airfare	
Lodging	
Incidentals (meals, parking, etc.)	
<b>Total</b>	

Please return this completed form along with a copy of your receipts to SPIE's Accounting Department no later than 1 month after the completion of your short course. Receipts are required for reimbursement of course-related travel expenses up to the amount stated in your signed SPIE Instructor Agreement.

**You may fax it to:** 360-647-1445  
Attn: Jane DeNeui

**Or mail it to:** SPIE  
Attn: Jane DeNeui  
P.O. Box 10  
Bellingham, WA 98227-0010

**Please provide us with the address for mailing your reimbursement check:**

Street Address .....

City ..... State ..... Postal Code .....