

Visiting Lecturer Reimbursement Form

Name: _____

Mailing Address: _____

Meeting: _____

Date(s): _____

Signature: _____

For Overseas Transactions Only:

Bank Name: _____

Bank Address: _____

Name on Account: _____

SWIFT: _____

IBAN (*required if available*): _____

Please attach all receipts to the back, or scan and attach all sheets if returning the form by electronic means.

DATE										TOTAL
ITEM	SAT	SUN	MON	TUE	WED	THU	FRI	SAT		
Lodging										
Meals										
Airfare										
Ground Transit										
TOTAL										

DATE	TRAVEL FROM	TRAVEL TO	PURPOSE / CHAPTER VISITED

Notes: Total grant not to exceed US\$1500. Reimbursable expenses are limited to airfare, lodging, meals and ground transportation. Expenses not accompanied by a receipt will not be reimbursed. All reimbursement requests must be received within 30 days of the meeting.

Return completed form with receipts to:
 Mail: Benjamyn Lockwood, Student Activities Coordinator
 SPIE
 PO Box 10
 Bellingham WA 98227-0010 USA
 Email: benl@spie.org
 Fax: +1 360 647 1445

SPIE Signature _____

Billing Code _____