Visiting Lecturer Reimbursement Form

Name: ____________________________________________
Mailing Address: __________________________________
__________________________________________________
__________________________________________________
__________________________________________________
Meeting: _________________________________________
Date(s): _________________________________________
Signature: ________________________________________

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

<table>
<thead>
<tr>
<th>ITEM</th>
<th>SAT</th>
<th>SUN</th>
<th>MON</th>
<th>TUE</th>
<th>WED</th>
<th>THU</th>
<th>FRI</th>
<th>SAT</th>
<th>TOTAL</th>
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<td>Lodging</td>
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<td>Meals</td>
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<td>Ground Transit</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE</th>
<th>TRAVEL FROM</th>
<th>TRAVEL TO</th>
<th>PURPOSE / CHAPTER VISITED</th>
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<tbody>
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</table>

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: SPIE Visiting Lecturer Program
     SPIE
     PO Box 10
     Bellingham WA 98227-0010 USA
Email: vlp@spie.org
Fax: +1 360 647 1445

SPIE Signature ___________________________ Billing Code ___________________________

For Overseas Transactions Only:
Bank Name: __________________________________
Bank Address: __________________________________
__________________________________________________
Name on Account: ________________________________
SWIFT: _________________________________________
IBAN (required if available): __________________________
Preferred currency (USD, local currency) _____________