REIMBURSEMENT CLAIM FORM

Please note reimbursement of expenses takes approx. 3-4 weeks after this form is received

Please complete this form, attach original receipts and return to

Att: Alison Conway
Program Manager
The Fields Institute
222 College Street
Toronto Ontario
Canada M5T 3J1
(416) 348-9710 ext 3026
Fax (416) 348-9759

Program: Large Scale Nonlinear and Semidefinite Programming

Date of Event: Wednsday, May 12 to Saturday, May 15, 2001

PRINT CLEARLY

Name:

Date of Stay: Number of Days:

Mailing Address:

Travel Expenses

Airfare	$	
Mileage	$	(@ .30/km)
Other	$	(Identify)

Local Expenses

Accommodation	$	(Identify location)
Per diem	$	($50/day for meals - no receipts required)
Miscellaneous	$	(Identify)

Signature:

For Institute use only

EXPENSES

	Foreign $	Canadian $	PROMISED FUNDING: Amount:
Travel	$	$	Details:
Accommodations	$	$	(local, travel etc)
Per Diem	$	$	
Miscellaneous	$	$	
Totals:	$	$	$

Exchange Rate: _____   Amount Reimbursed   Staff Initials:_____