Graphics Lab Request for **SIGGRAPH** Travel Reimbursement

Your Information:

Name: _____ Student ID #: _____

Email: _____

Address you want to receive the check (I can't guarantee direct deposit):

_____

_____

Conference Information:

Name / Location / Dates of Conference: SIGGRAPH 2004 - Los Angeles, CA - August 8-12, 2004

Web Address of Conference: www.siggraph.org/s2004

Did you present? Title: _____

Amount Requested for Reimbursement:

Registration: If Stanford cut a check, enter $410 to the right – or enter the amount you paid $_____

I paid ___   SIGGRAPH paid ___   Stanford cut a check ___

Airfare: Airline: _____ $_____

date/time of departure _____

date/time of return _____

Personal Auto: If you drove check here ___ enter $292.50 to the right (for 780 miles) $_____

Passenger(s): _____

Taxi/Shuttle: date: _____ $_____

date: _____ $_____

date: _____ $_____

date: _____ $_____

date: _____ $_____

Lodging: If someone else paid for you, enter your portion to the right and add comment below $_____

Hotel Name: _____

Roommate(s): _____

Comments (if any): _____

Meals: Daily average _____ * _____days (submit receipts) = $_____

Other: What: _____ $_____

What: _____ $_____

Total you are expecting to be reimbursed: $_____

NOT TO EXCEED $800 TOTAL**

** If you attended the GP^2 Conference: List registration fee under "Other" and add the registration cost
    plus 1 night hotel to your budget.