

Expense Reimbursement Form

Fostering Diversity in Statistics
JSM Pre-Conference Diversity Workshop
August 1, 2009

Instructions: Please complete the required (*)information below. Submit the completed form along with receipts documenting the expenses to Brian A. Millen, Princ. Research Scientist; Lilly Corporate Center, DC 6166; Indianapolis, IN 46285. If requesting lodging expenses beyond the workshop, please also submit a receipt for JSM conference registration.

* Name _____

* Affiliation _____

* Mailing Address _____

* SSN or Tax ID _____

For Official Use ONLY

Total Receipts Submitted _____

Total Approved for Disbursement _____

Comments: _____

* Name _____

* Affiliation _____

* Mailing Address _____

EXPENSES

* Lodging date of check-in: _____

date of check-out: _____

Total Expense (room & tax only): _____

* Travel (air/rail/auto) Airline costs: _____

Rail costs: _____

Auto (mileage only) _____

Originating City, State, Zip _____

Parking _____

Other/Misc (explain) _____

Signature

I certify that all expenses submitted are accurate and associated with my participation in the workshop.
I certify that I participated in the entire workshop on Saturday, August 1, 2009.

signature

date

