
MATERIALS COMPUTATION CENTER

Travel/Expenses Reimbursement Form

Return this form along with your original receipts to Susan Logan, University of Illinois, Materials Research Laboratory, 104 South Goodwin Avenue, Urbana, Illinois, 61801.

Remember to include a copy of your I-94 and your visa, if applicable.

If you have any questions regarding travel reimbursement or the completion of this form, please contact:

Susan Logan, (217) 244-2944, sklogan@uiuc.edu, or

Bill Testory, (217) 244-2943, wtestory@uiuc.edu

Please print clearly.

Name: _____

Mail Check To: _____

E-Mail Address: _____

Workshop Attended: NSF High Performance Comp. Meeting (October 17, 2005)

Your Social Security Number: _____

If your participation in this meeting required travel, please complete the following fields:

Destination: _____

Date Departed: _____ **Date Returned:** _____

Airline Ticket(s): *(must be a US air carrier)* \$ _____

Other expenses: *(train fare, fuel, etc.)* \$ _____

Lodging: \$ _____

Other expenses:

Access Grid Usage Fee: \$ _____

The AG site from which you participated: _____

Food expenses: \$ _____

Other expenses: \$ _____

\$ _____

Total Expenses \$ _____

Signature of Participant

Date

Approved by: _____

Signature of MCC Principal Investigator

Date