

**West Coast Operator Algebra Seminar  
EXPENSE REPORT**

\* Fill out form (type or print, please) and mail to: Jeanine Anderson  
**DEPARTMENT OF MATHEMATICS, 1222 UNIVERSITY OF OREGON, EUGENE OR 97403-1222**

\* Include in your mailing **ORIGINAL RECEIPTS** and information for:  
Airfare - passenger receipt showing amount paid and itinerary (if e-ticket, send printed copy), train, bus, taxi, parking, etc.

\_\_\_\_\_

Use of personal auto - state the origin, destination, and miles each way (.50/mile)

Meals - no receipts necessary - list dates and meals (B/L/D)

\_\_\_\_\_

Lodging - must have itemized receipt

\_\_\_\_\_

**\* After receiving this completed form and required receipts, we will E-mail a travel reimbursement form for you to sign. Reimbursement will be processed upon receipt of the signed form.**

NAME: \_\_\_\_\_ STATUS (FAC/GS/ETC) \_\_\_\_\_

INSTITUTION: \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

\*\*\*CITIZENSHIP: \_\_\_\_\_

**\*\*\* If you are a US citizen or Permanent Resident, please complete the attached Substitute W-9 form. Otherwise, please complete the attached W-8 BEN and provide a copy of your I-94. Your reimbursement cannot be processed without the appropriate forms attached.**

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

LOCATION OF MEETING: Eugene, OR

October 20-21, 2012

DATE & TIME OF DEPARTURE FROM HOME: \_\_\_\_\_

RETURN HOME: \_\_\_\_\_

IF YOU ARE A SPEAKER AT THIS CONFERENCE, GIVE TITLE OF TALK:

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

UNIVERSITY OF OREGON CONTACT PERSON:  
Jeanine Anderson, 1222 University of Oregon, Eugene OR 97403-1222  
[jeanine@uoregon.edu](mailto:jeanine@uoregon.edu) (541) 346-8861

APPROVED AMOUNT \_\_\_\_\_ N. Christopher Phillips \_\_\_\_\_

DATE 8/24/12