Delegate Reimbursement Request Form

Please print this page, fill it out and mail it within 10 days following the meeting to: Sigma Xi, The Scientific Research Society

Attn: Jasmine Shah P.O. Box 13982 Research Triangle P.		,						
If you have question	ns please cal	11 800-243-6	534 or 919-549	9-4691 or e-m	nail <u>financ</u>	e@sigmaxi.o	rg	
Please allow 30 days	_					_		
Name Chapter								
Address:								
Location of the Mee	ting (city ar	nd state)						_
Dates: From		То						
As voted by the 1996 from each chapter in trip coach fare on any Meeting."	n good stan	ding "shall	be by the most e	economic mea	ns practica	ble and shall i	not exceed ti	he round-
Delegates who trave Government rate pe that the total cost do home and the site of	r mile (map oes not exce	o distance freed the lowe	rom city to city	y, not record	ed mileag	e for the tota	al trip), pro	vided
Expenses for confere airport/hotel are the Additionally, Sigma the responsibility of	e responsib Xi will not	ility of the o absorb per	delegate or his nalties for char	/her chapte	r and will	not be reiml	oursed by S	Sigma Xi.
Day/Date of Travel	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Airfare *								
Automobile Travel Miles x US\$0.56 per mile								
Total								
* You must attach th Due Traveler \$			portion of you	r ticket when	n submitti	ng this form		
Signature of Delegate				Date:				
Approved at Sigma	Xi Adminis	strative Off	ice		Date	:		

Mail completed form with receipts attached to the address at the top of the page.