

# SIGGRAPH 2004 Course Presenter Expense Report

Payee Name:  
 Course Number and Title:  
 Address One:  
 Address Two:  
 City, State, Postal Code, Country:  
 Email:  
 Telephone:

Travel Dates: 

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Acct	Personal Expenses					TOTALS
	Air,rail					
	Taxi					
	Hotel					
	Auto Mileage (37.5 cents/mile)					
	Airport Parking					
220-5810	Subtotal					
220-5810	Total Personal Expense					
					<b>Total Due:</b>	

RECEIPTS REQUIRED FOR ALL EXPENSES

Note: Reimbursable expenses not to exceed \$500 for North American presenters, or \$850 for non-North American presenters

Explanation of Expenses:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Send to: Capstone Solutions

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

5475 Mark Dabling Boulevard, Suite. 108  
 Colorado Springs, CO 80918