Short Course Instructor Reimbursement Form

Meeting ........................................................................................................................................
Instructor Name ..............................................................................................................................
Date Submitted ................................................................................................................................
Course Number(s) ............................................................................................................................
Reimbursable Expenses ....................................................................................................................

<table>
<thead>
<tr>
<th>EXPENSE</th>
<th>AMOUNT REQUESTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airfare</td>
<td></td>
</tr>
<tr>
<td>Lodging</td>
<td></td>
</tr>
<tr>
<td>Incidents (meals, parking, etc.)</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
</tr>
</tbody>
</table>

Please return this completed form along with a copy of your receipts to SPIE’s Accounting Department no later than 1 month after the completion of your short course. Receipts are required for reimbursement of course-related travel expenses up to the amount stated in your signed SPIE Instructor Agreement.

You may fax it to: 360-647-1445
Attn: Jane DeNeui

Or mail it to:
SPIE
Attn: Jane DeNeui
P.O. Box 10
Bellingham, WA 98227-0010

Please provide us with the address for mailing your reimbursement check:

Street Address ..............................................................................................................................
City .................................................... State ...................................................... Postal Code ..........................