

**Reimbursement Claim for Travel Expenses 36 th Symposium on the Interface:  
Computing Science and Statistics May 26–29, 2004 Baltimore, Maryland**

**Expenses**

Registration \_\_\_\_\_  
Hotel (Housing) and Meals \_\_\_\_\_  
Transportation Total Requested \_\_\_\_\_

Please attach all receipts and note that the total requested reimbursement is limited to that offered by prior agreement. Original receipts are required. Original stubs from airline tickets are required. No reimbursements will be made based on photocopies of receipts or travel agency billings. No reimbursements will be made if receipts are not available.

Complete this form and mail it to:  
Dr. David Marchette  
Code B10, NSWCDD  
17320 Dahlgren Rd, Dahlgren, VA 22448–5100 USA

I certify that all expenses were incurred by me in connection with my participation in the Interface Symposium, and are reasonable and accurate and that I have not been or will be reimbursed for these expenses by any other organization or person.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_  
U.S. Social Security Number \_\_\_\_\_  
Signature \_\_\_\_\_

Approval by Program Chair \_\_\_\_\_ Approval by IFNA Headquarters \_\_\_\_\_