



American Institute of Pakistan Studies

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CONFERENCE REIMBURSEMENT FORM

Please complete **all relevant** portions of this form and attach all receipts for which you are requesting. For questions concerning reimbursements contact: Laura Hammond (office) 608-265-4304 (fax) 608-265-3062; email: ljhammond@wisc.edu

Name: _____ Date Submitted _____

Citizenship: _____ Academic/Professional Affiliation: _____

Institutional Address: _____

Home Address: _____ email: _____

_____ Tel: _____

Destination(s): _____ Travel Dates: _____

Funding amount offered by AIPS (if applicable): \$ _____

NATURE OF PROFESSIONAL ACTIVITY FOR WHICH REQUESTING REIMBURSEMENT

1. Conference Participation

Name of conference: _____ Location and dates: _____

(No acronyms!)

Presenting Paper – Title: _____

Panel Title: _____

Panel organizer: _____

Other (specify): _____

EXPENSE INFORMATION *(attach all receipts, except as noted)*

Airfare: From: _____ to: \$ _____

Mileage: _____ mi. @ \$.455 mi: \$ _____

Ground Travel (shuttle, taxi, etc.): \$ _____

Parking (either at hotel or at home airport): \$ _____

Lodging: Hotel name: _____

Number of nights: \$ _____

Meals in U.S.: AIPS provides a daily per diem of \$65 (USG regulations).

This covers meals and incidental expenses. Receipts not required.

Number of days _____ x \$65 \$ _____

Meals outside of U.S.: Foreign rates vary; contact AIPS office for

per diem rates for different locales \$ _____

TOTAL REQUESTED \$ _____

Calculation Comments: _____

TRAVELER'S SIGNATURE _____ **Date** _____

AIPS APPROVAL _____ **Date** _____