

Conference on Vector Bundles in honor of S. Ramanan
Madrid, Spain, June 16-20, 2008
U.S. Participant Reimbursement Form

Please PRINT

NAME: _____

SOCIAL SECURITY NUMBER: (if applicable) _____

You must provide a Social Security Number (SSN) in order for the University of Illinois to process a reimbursement payment. The University is required by Federal law to report such payments along with Social Security Numbers to Federal and state agencies on forms required by law. The University will not disclose a recipient's SSN without the consent of the recipient to anyone outside the University except as mandated by law.

PERMANENT HOME ADDRESS: (Required by the University for 1099 Tax Purposes)

ADDRESS TO MAIL CHECK: (if different than Home Address)

EMAIL ADDRESS: (in case there are questions regarding your reimbursements) _____

Comments: (list special arrangements or information regarding your reimbursement) _____

Please mark the appropriate status:

____ US CITIZEN
No other documents needed

____ Permanent U.S. Resident
No other documents needed

FOR ALL NON-US CITIZENS:

Required documentation: A photo copy of your Photo Identification page with the Passport Number

Please submit completed form and all receipts for airfare, registration, and other expenses. You may send copies of the documents in .pdf format to the address listed below. If you would like to fax the information, please fax copies to 217-333-9576.

If you have questions regarding this form or your reimbursement, please see Sherri Kiska in Room 221 Altgeld Hall. 217-265-8158 or kiska@uiuc.edu.

Receipts may be mailed to: Sherri Kiska
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University of Illinois at Urbana-Champaign
1409 West Green Street
221 Altgeld Hall
Urbana, IL 61801