

## Expense/Reimbursement Grant Form for: SIGIR Travel Grants/SIGIR 16

*This report was finalized on 13-Aug-16*

Reimbursements will be mailed to the address below within 30 days of receiving all receipts.

Send original receipts where possible and keep copies for your records.

CLEARLY MARK EACH RECEIPT at the top with Category, Date and Total Amount (i.e .Lunch 4/22/09 \$9.99)

Cost Center: 200561101

Account: 8721000

First Name Ion  
Last Name Madrazo  
Address Attn: Sole Pera 450 W. GROVE STREET Apt. 404  
City Boise  
State ID  
Zip/Postal Code 83702  
Country USA  
Email ionmadrazo@boisestate.edu  
Currency USD

Expense Categories	Travel Dates					Totals
	07/15/2016	07/16/2016	07/17/2016	07/18/2016		
Flight	1356.36					1,356.36
Hotel		148.29	129.62	65.73		343.64
Taxi, Cab, Shuttle						
Meals						
Registration						
Miscellaneous*						
Subtotals	1,356.36	148.29	129.62	65.73		
Grand Total						1,700.00

Explanation of Miscellaneous Expenses