

Please print your NAME:				
WORKSHOP/MEETING TITLE:				
DATES OF VISIT:				
Address to mail check: (prefer home address)				
EXPENSES (PLEASE NOTI wire transfers or bank deposits.)	E: SFI does <u>not</u> :	reimburse pe	diems, or meals, or	issue direct
Airfare or mileage @ 48.5 cents/mile	c			
Limits: Domestic \$600 / Foreign \$	1,200			
Ground transport* Albuquerque/Sant	a Fe (Limit \$60)	)		
Travel & parking in home city (Limit :	\$80)			
TOTAL ALLOWANCE: \$740 / \$1,3	40			
TOTAL				
Signature/Date		•		
*Per the agreement outlined in your le RECEIPTS WITHIN ONE MONTF 1399 Hyde Park Road, Santa Fe, N	I to: Wayne J.			
*SFI Office Use Only*				
Disposition of check:	Postal mail		In-house mail folder	
Hand deliver to:				
SFI Program Approval			Date	
Charge to Program			Date	
Responsible Officer Approval			Date	
DO N	OT WRITE BEL	OW THIS LIN	ΙE	