Women in Computing
After Hours Overnight Program
TRAVEL SUBSIDY

A TRAVEL REIMBURSEMENT IS AVAILABLE FOR SOME ATTENDEES TO PARTIALLY OFFSET TRAVEL EXPENSES

TRAVEL SUBSIDY ELIGIBILITY CHART

<table>
<thead>
<tr>
<th>Your Home State</th>
<th>MAXIMUM $ AMOUNT OF REIMBURSEMENT*</th>
</tr>
</thead>
<tbody>
<tr>
<td>AL, AR, FL, GA, IA, KS, MN, MO, MS, NE</td>
<td>Up to $100</td>
</tr>
<tr>
<td>AK, AZ, CA, CO, HI, ID, LA, MT, ND, NM, NV, OK, OR, Puerto Rico, SD, TX, UT, WA, WY</td>
<td>Up to $200</td>
</tr>
</tbody>
</table>

REQUIREMENTS CHECKLIST FOR REIMBURSEMENT

☐ W-9 Form
☐ Travel Receipts for eligible expenses*
☐ Completed Travel Subsidy Form

ELIGIBLE EXPENSES INCLUDE *

- The Student’s main mode of transportation, to include: airline ticket, bus ticket, train ticket (all at coach rates from local transportation hub to Rochester, NY) OR driving personal vehicle (roundtrip mileage reimbursed)
  
- 1 participant checked bag, where applicable
  
- Participant taxi/shuttle rides (from the Rochester terminal/ transportation hub to RIT campus and back)

EXPENSES NOT INCLUDED

- Hotel expenses, food while traveling, parent travel, car rental, transportation or mileage from home to local transportation hub.

ADDITIONAL DETAILS

- $ Amount is a maximum
  
- Actual reimbursement total will be based on submitted receipts and /or documented mileage
  
- Ticket receipts need to indicate participant name with detailed flight/ticket information identified
  
- Maximum $ Amount is for participant expenses only
  
- If main mode of transportation is personal vehicle then roundtrip mileage will be paid up to the maximum reimbursement amount according to policy. The shortest distance route from home address to Rochester Institute of Technology (1 Lomb Memorial Dr. Rochester, NY 14623) will be used. You must provide proof of driving by providing some fuel receipts or toll receipts along the route.

ALL FORMS AND RECEIPTS ARE DUE NO LATER THAN APRIL 18TH 2016.
TRAVEL SUBSIDY FORM

Participant Name: _____________________________________________________________

Reimbursement check to be made payable to: _________________________________________
***This name should be the same name listed on the W-9 form***

Send Reimbursement to: Name:________________________________________________________
Street Address:___________________________________________________________________
City, State, Zip code:_______________________________________________________________

ADDITIONAL INFORMATION

Main Mode of Transportation used to get to RIT: _______________________________________
Phone: (___) ______ - ____________________ (To use in case of questions)
Parent Email: _________________________________________________________________
Student Email: _________________________________________________________________

HAVE YOU COMPLETED AND SUBMITTED THE FOLLOWING?

☐ W-9 Form

☐ Attached or Emailed Travel Receipts for eligible expenses*

☐ Travel Subsidy Form

**NOTE: Payment will be sent to you after the event and could take 30-60 days to process**