

2010 GHC Scholarship Recipient Expense Report

1.) First & Last Name: _____

2.) School Name: _____

3.) Scholarship Type (check one):

- | | |
|---|---|
| <input type="checkbox"/> Academic Sponsor
<input type="checkbox"/> Anita Borg Institute or ACM
<input type="checkbox"/> Adobe or Autodesk
<input type="checkbox"/> Blackrock
<input type="checkbox"/> CA Technologies
<input type="checkbox"/> Cisco
<input type="checkbox"/> DE Shaw
<input type="checkbox"/> Google Global/Women of Color
<input type="checkbox"/> Grace Hopper or Grace Hopper Regional
<input type="checkbox"/> Intuit or JDSU | <input type="checkbox"/> K-12 Computing Teachers' Workshop
<input type="checkbox"/> Latinas In Computing
<input type="checkbox"/> Microsoft
<input type="checkbox"/> National Science Foundation (NSF)
<input type="checkbox"/> NetApp
<input type="checkbox"/> State Farm
<input type="checkbox"/> Sun Oracle
<input type="checkbox"/> Symantec
<input type="checkbox"/> Thomson Reuters
<input type="checkbox"/> Vanguard or Yahoo |
|---|---|

4.)

EXPENSES	TOTAL
Airfare	\$
Shuttle/Ground Transportation	\$
Mileage (\$0.50/mile)	\$
Visa Letter (International students) <small>Hotel up to \$81/night (\$106 per night for K-12 scholarships only) for 9/28-10/2, must have notified ABI before GHC</small>	\$
Meals <small>only on days that you were traveling</small>	\$
Other (specify):	\$
TOTAL DUE (in USD)	\$

5.) I certify that the above information is accurate.

Signature

Date

6.) Please reimburse me by a CHECK mailed to:

Name: _____

Address: _____

City, State, Zip: _____

Country: _____

Please reimburse me by a WIRE TRANSFER to my bank account, and I have included the form.

7.) Submit this form and all original receipts to:

Anita Borg Institute
 Attn: GHC Reimbursement
 1501 Page Mill Road, MS 1105
 Palo Alto, CA 94304

Internal Use Only

Approval Signature

Date