

American College of Toxicology

Expenses Reimbursement Request



Period Covered:
 From: _____ 20_____
 To: _____ 20_____
 Travel Authorized By: _____

Name: _____
 Organization: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Email: _____
 Tel: (_____) _____

Return to: acthq@actox.org or
 1821 Michael Faraday Drive, Suite 300, Reston, Virginia 20190

PURPOSE OF EXPENSE (Activity, Committee, Etc.)	ROUTE COVERED			MODE OF TRAVEL*
	Date	Departure City	Arrival City	

DATE	TRAVEL	LODGING	MEALS			MISCELLANEOUS			TOTALS
			BREAK	LUNCH	DINNER	CAB	TEL	TIPS	
Total									

DATE		AMOUNT

FOR ACCOUNTING USE ONLY	
CHARGE \$	TO LINE ITEM
EXTENSIONS AND TOTALS CHECKED	POLICY CHECKED
INITIALS	INITIALS

REIMBURSEMENT SUMMARY	
TOTAL EXPENSES	
LESS: ITEMS PAID BY OR CHARGED TO ACT	()
REIMBURSEMENT DUE	

I hereby certify that the above expenses were incurred by me in connection with travel on ACT business and that I have not been, nor do I expect to be, reimbursed from another source for any portion of the net amount claimed from ACT.

SIGNED: _____ DATE: _____ APPROVED: _____ DATE: _____

**If personal car, indicate mileage, reimbursed at \$.56.*