

# 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	
<b>Total</b>									

DATE		AMOUNT

FOR ACCOUNTING USE ONLY	
CHARGE \$	TO LINE ITEM
CHARGE \$	TO LINE ITEM
CHARGE \$	TO LINE ITEM
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: \_\_\_\_\_