American College of Toxicology

Expenses Reimbursement Request for Non-US Residents

Period Covered:
From:_____ To:_____
Travel Authorized By:_____
Return to: acthq@actox.org or
1821 Michael Faraday Drive, Suite 300, Reston, Virginia 20190

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

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

			MEALS			MISCELLANEOUS			
DATE	TRAVEL	LODGING	BREAK	LUNCH	DINNER	CAB	TIPS	OTHER	**TOTALS**
									$0.00
									$0.00
									$0.00
									$0.00
									$0.00
									$0.00
									$0.00
Total	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Provide the following for a WIRE TRANSFER.
Currency: _____
Name of Account Holder: _____
Street Address of Account Holder: _____
_____
City, Postal Code, and Country: _____
_____
Bank Account Number: _____
IBAN code: _____
Bank Name:_____

Bank Address: _____
Bank City, Country: _____
_____

DATE	ADDITIONAL EXPENSES	AMOUNT
	Total	$0.00

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

REIMBURSEMENT SUMMARY	
TOTAL EXPENSES	$0.00
LESS: ITEMS PAID BY OR CHARGED TO ACT	( )
REIMBURSEMENT DUE	$0.00

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. All forms must be signed to be processed.

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

If personal car, indicate mileage, reimbursed at $ .575. —Provide reciepts for all items requested on the form.—