

# American College of Toxicology

## Expenses Reimbursement Request



### for Non-US Residents

Period Covered:

From: \_\_\_\_\_ To: \_\_\_\_\_

Travel Authorized By: \_\_\_\_\_

Return to: acthq@actox.org or  
11190 Sunrise Valley Drive, Suite 300, Reston, VA 20191

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
<b>Total</b>									

Provide the following for a WIRE TRANSFER.

Currency: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank City, Postal Code, and Country: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

IBAN: \_\_\_\_\_

Receiving Bank Swift/Bank Code: \_\_\_\_\_

Address of Account Holder, if different from above: \_\_\_\_\_

DATE	ADDITIONAL EXPENSES	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. All forms must be signed to be processed.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_ APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_