



American College of Toxicology

Expenses Reimbursement Request for Non-US Residents

Period Covered: From: _____ 20____

To: _____ 20____

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: (_____) _____

Receipts are required for all expense requests.

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	TIPS	OTHER	
Total									

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				REIMBURSEMENT SUMMARY	
CHARGE \$	BILL CODE			TOTAL EXPENSES	
CHARGE \$	BILL CODE			LESS: ITEMS PAID BY OR CHARGED TO ACT	()
CHARGE \$	BILL CODE			REIMBURSEMENT DUE	
EXTENSIONS AND TOTALS CHECKED		POLICY CHECKED			
INITIALS		INITIALS			

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: _____