

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	
CHARGE \$	BILL CODE
CHARGE \$	BILL CODE
CHARGE \$	BILL CODE
CHARGE \$	BILL CODE
EXTENSIONS AND TOTALS CHECKED INITIALS	POLICY CHECKED 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: _____