

American College of Toxicology

Expenses Reimbursement Request

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 | |
| | | | | | | | | | |
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| | | | | | | | | | |
| Total | | | | | | | | | |

| DATE | | 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.

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