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	

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

DATE		AMOUNT
		$0.00
		$0.00
		$0.00
		$0.00
		$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	($0.00)
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.

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

If personal car, indicate mileage, reimbursed at $0.535.