

## **American College of Toxicology Expenses Reimbursement Request**



**Period Covered:**

From: \_\_\_\_\_ 20 \_\_\_\_\_

To: 20

Travel Authorized By:

Return to: [acthq@actox.org](mailto: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	

FOR ACCOUNTING USE ONLY	
CHARGE \$	TO LINE ITEM
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: \_\_\_\_\_