

# American College of Toxicology

## Expenses Reimbursement Request

### for Non-US Residents



Period Covered:

From: \_\_\_\_\_ To: \_\_\_\_\_

Travel Authorized By: \_\_\_\_\_

Return to: acthq@actox.org or  
11190 Sunrise Valley Drive, Suite 300, Reston, VA 20191

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Prov/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	
<b>Total</b>									

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 \$	TO LINE ITEM
CHARGE \$	TO LINE ITEM
CHARGE \$	TO LINE ITEM
CHARGE \$	TO LINE ITEM
EXTENSIONS AND TOTALS CHECKED	POLICY CHECKED
INITIALS	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: \_\_\_\_\_