

American College of Toxicology

Expenses Reimbursement Request

for Non-US Residents



Period Covered:

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	

Provide the following for a WIRE TRANSFER.

Currency:

Bank Name:

Bank Address:

Bank City, Postal Code, and Country:

Bank Account Number:

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
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: _____