ACT | American College of Toxicology

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	TIPS	OTHER	TOTALS
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:_____

If personal car, indicate mileage, reimbursed at $ .76. —Provide receipts for all items requested on the form.—