ASHHRA Travel Expense Reimbursement Form

* Receipts required for expenses of $25 or more.
* Expense reports with receipts must be submitted no later than two weeks after the travel date via the following link: <https://app.smartsheet.com/b/form/76c367784ac549b9813f2efd4f0aa4af>

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EVENT NAME, LOCATION, DATE(S)** | | | |  | | | | | | |
| **ATTENDEE FULL NAME** | | | |  | | | | | | |
| **EMAIL** | | | |  | | | | | | |
| **ADDRESS** | | | |  | | | | | | |
| **CITY, STATE, ZIP** | | | |  | | | | | | |
| **Preferred Reimbursement Method** *Select Electronic Transfer or Check* | | | | | | | | | | |
|  | **Electronic Transfer** *You will receive an email with a secure link to enter your bank information.* | | | | | | | | | |
|  | **Check** *Complete fields below.* | | | | | | | | | |
| Make check payable to | | |  | | | | | | | |
| **MEALS:** *Meal reimbursement is up to $115/day total for all meals per person.* | | | | | | | | | | |
| **MM/DD/YEAR** | | **BREAKFAST** | | | **LUNCH** | | | **DINNER** | | **TOTAL** |
|  | |  | | |  | | |  | | $ 0.00 |
|  | |  | | |  | | |  | | $ 0.00 |
|  | |  | | |  | | |  | | $ 0.00 |
|  | |  | | |  | | |  | | $ 0.00 |
| **TRAVEL** *(up to $500.00 total)* | | | | | | | | | | |
| **IF YOU DROVE TO THE MEETING:** | | | | | | | | | | |
| Round trip mileage driven | | | | | |  | x .585 | | $ | $0.00 |
| Parking and tolls | | | | | | | | | $ |  |
| **IF YOU TOOK A PLANE OR TRAIN TO THE MEETING:** | | | | | | | | | | |
| Airfare/Train | | | | | | | | | $ |  |
| Shuttle/Cab/Ride Share fare to/from airport/train station at point of origin | | | | | | | | | $ |  |
| Shuttle/Cab/Ride Share fare to/from meeting location | | | | | | | | | $ |  |
| **OR** | | | | | | | | | |  |
| Mileage driven to/from airport or train station | | | | | | | x .585 | | $ | $0.00 |
| Parking and tolls | | | | | | | | | $ |  |
| **OTHER COVERED EXPENSES:** | | | | | | | | | | |
| Checked luggage fees | | | | | | | | | $ |  |
| Tips and other incidentals, please specify: | | | | | | | | | $ |  |
| Hotel Cost *(if not booked through ASHHRA)* | | | | | | | | | $ |  |
| Other, please specify: | | | | | | | | | $ |  |
| **TOTAL EXPENSES** | | | | | | | | | **$** | $ 0.00 |
| By signing below, you attest that all reimbursement expenses are related to your attendance at the event indicated at the top of this form, and all information is accurate and complete to the best of your knowledge. | | | | | | | | | | |
|  | | | | | | | | |  | |
| Signature | | | | | | | | | Date | |
| *Staff Use Only: Accounting Code:* | | | |  | | | | | | |