

# Travel Expense Reimbursement Request Form • 2008

## Acute Care Section-APTA, Inc.

1100 U.S. Highway 130, Suite 3, Robbinsville, NJ 08691-1108 Phone/ 888-762-2427 or 609-208-0981

Please PRINT

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

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

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Position:  officer: \_\_\_\_\_  speaker  staff  other: \_\_\_\_\_

Event:  CSM  APTA Annual Conference  NSC  ACS BOD  other: \_\_\_\_\_

DATE	Airfare or Rail *	Total Ground Transportation*	AUTO/ _____miles @50.5¢ per mile [2008]	Lodging*	Total Meals* Max. \$65/day with receipts [\$30/day without]	Misc. * Explanation & original receipts must be included for reimbursement	DAILY SUB-TOTAL

\* Original receipts must be included for reimbursement.

**GRAND TOTAL:** \_\_\_\_\_

Explanation for MISC. / \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Treasurer Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Post to line item: \_\_\_\_\_

Executive Office / Date Paid: \_\_\_\_\_ Check # \_\_\_\_\_

# Travel and Reimbursement Policy

Reimbursement for pre-approved expenses will occur after a Travel Expense Reimbursement Request form and original receipts have been submitted and approved by the Treasurer.

Sign and mail the Travel Expense Reimbursement Request form to the Acute Care Section Treasurer, along with all original receipts:

**Jan Nosse, P.T. – Treasurer**  
**2345 N. 114th St.**  
**Wauwatosa, WI 53226-1225**

Phone/ **414-453-0135**  
 Email/ [jnosse@wi.rr.com](mailto:jnosse@wi.rr.com)

Requests for reimbursement **must be submitted within 60 days of incurrence of expense**. The Executive Committee must approve requests received beyond 60 days.

## Travel Reimbursement Guidelines:

- Transportation via a public transportation system, including taxis and shuttles, as needed (economy/coach airfare 21-day advance booking, whenever possible).
- Private car mileage at 50.5¢ per mile [2008 IRS guidelines].
- Lodging *maximum* of half double room rate at most expensive “APTA” hotel.
- Meals will be reimbursed at \$65 per day with receipts, or \$30 without receipts. Meals provided by the Section will be deducted from the daily max at level of: \$10/breakfast, \$15/lunch, \$40/dinner.

Travel reimbursement not identified or exceeding the budget, must be approved by the Executive Committee of the BOD.

Chair Position	CSM	HOD	AC	ACS BOD	NSC	APTA BOD	FGA
PRESIDENT or delegate	4	3	4	2		2 x 2	Meals
VP	2			2			
SECRETARY	2			2			
TREASURER	2			2			
BY-LAWS	2			2			
MEMBERSHIP	3		3	2	2		
PTA@LARGE	2			2			
NOMINATING	2			2			
PROGRAMMING	4			2			
PUBLICATIONS	2			2			
TASK FORCE	2			2			
WEBMASTER	2			2			
Past President	1			2			

Task Force members (max. 4) will be reimbursed for one day of lodging and meals at a yearly meeting during conference.

Programming Committee members (max. 4) will be reimbursed at level of Early Bird Registration for working at CSM.