



Society of Toxicology

Expense Reimbursement Policy

(as of July 1, 2011)

Persons traveling on authorized and necessary Society business are entitled to reimbursement of related expenses. An Expense Reimbursement Request form is to be submitted for reporting expenses to be reimbursed by Society funds. Copies of the form are available from the SOT Headquarters or the SOT Web site at www.toxicology.org.

The following guidelines are applicable to Society of Toxicology travel:

1. The SOT policy pays for a least-cost coach airfare. The travel agent calls our office if a traveler is rejecting the least-cost ticket. If you want to upgrade the class of ticket, you may do so, but must pay the difference. If you want to fly another airline on which you get frequent flyer miles, SOT allows this if the ticket is within approximately 5% of the least-cost fare. If you want to add a stopover, SOT pays for the cost of the direct travel and you pay the difference. SOT allows you to reject a ticket in favor of a non-stop flight, a more convenient airport, or the need for a particular departure/arrival time. SOT asks you to book your flights well in advance to get the lowest airfare. If there are any changes made to the ticket after it is booked, which is unrelated to SOT business, you will be responsible for the change fee and the fare difference. (See note below).
2. Ground transportation costs (taxis, shuttles, etc.) are also reimbursed.
3. Personal mileage on privately-owned cars will be reimbursed at the rate of \$.555 (July 1, 2011 to present). Car rental is applicable only if public transportation is unavailable.
4. Rooms at the assigned hotel are usually charged to SOT's master account if so arranged by Headquarters, or may be reimbursed on a cost-basis.
5. Personal entertainment and incidentals, such as a movie, are not reimbursable.
6. Receipts are required for any expense in excess of \$25.
7. Forms should be submitted to the SOT Office within two weeks of the date the expenses are incurred.
8. SOT will reimburse actual meals and out-of-pocket expenses of up to \$50 per day (excluding ground transportation).

NOTE:

As a convenience to those traveling on SOT business, Council has approved the use of the Society's travel agency, American Express Travel, 800.872.9954 or Carlson Wagonlit Travel, 800.669.6024, for direct booking and billing of travel tickets (air and rail).

PLEASE RETURN COMPLETED FORM AND RECEIPTS TO:

Society of Toxicology | 1821 Michael Faraday Drive, Suite 300 | Reston, VA 20190
Tel: 703.438.3115 | Fax: 703.438.3113

Society of Toxicology

Expenses Reimbursement Request

Period Covered: From: _____ 20_____
 _____ To: _____ 20_____

Travel Authorized By: _____

Name: _____

Organization: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: (_____) _____

| PURPOSE OF EXPENSE (Activity, Committee, Etc.) | ROUTE COVERED | | | MODE OF TRAVEL* |
|---|---------------|------|----|-----------------|
| | Date | From | To | |
| | | | | |
| | | | | |
| | | | | |

| DATE | TRAVEL | LODGING | MEALS | | | MISCELLANEOUS | | | TOTALS |
|--------------|--------|---------|-------|-------|--------|---------------|-----|------|--------|
| | | | BREAK | LUNCH | DINNER | CAB | TEL | TIPS | |
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| | | | | | | | | | |
| Total | | | | | | | | | |

| DATE | OTHER EXPENSES | AMOUNT |
|--------------|----------------|--------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | |

| ACCOUNTING | |
|-------------------------------|----------------|
| 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 BY OR CHARGED TO SOT | PAID () |
| REIMBURSEMENT DUE | |

I hereby certify that the above expenses were incurred by me in connection with travel on SOT 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 SOT.

SIGNED: _____ DATE: _____ APPROVED: _____ DATE: _____

**If personal car, indicate mileage, reimbursed at \$.555.*