

REQUEST FOR EXPENSE REIMBURSEMENT

International Society of Certified Employee Benefit Specialists

INDIVIDUAL INFORMATION (Please print clearly)

Individual ID# or CEBS® ID# _____
 First name _____ M.I. _____ Last name _____
 Employer _____
 Title _____
 Make check payable to _____
 Mail check to _____ Business Home
 City _____ State/Province _____ Country _____ ZIP/Postal code _____
 Phone _____ Fax _____
 E-mail _____ Last 4/3 digits of SSN/SIN _____ Date of birth (mm/dd/yyyy) _____

FUNCTION INFORMATION

Dates _____ Location _____
 Function _____

- Use a separate form for each function.
- Use reverse side to itemize expenses.

REIMBURSEMENT INFORMATION

1. If an expense reimbursement check is issued to an individual, then any expenses of \$600 or more during the year that are not adequately substantiated will be reported on Form 1099.
2. If an expense reimbursement check is issued to the individual's employer and that employer is a corporation, then the Society is not required to issue a Form 1099. The corporate employer will be required to show substantiation of any payments it makes to its employee independent of what is submitted to the Society.
3. If an expense reimbursement check is made payable to the individual's employer but that employer is not a corporation, such as a sole proprietor or a partnership, then any expenses during the year of \$600 or more that are not adequately substantiated will be reported on Form 1099.
4. It is understood that, to the extent substantiation of expenses does not accompany this request for reimbursement, the Society will issue the appropriate information return for income tax purposes.

Signature (required) _____

ISCEBS

I request reimbursement of ACTUAL EXPENSES in the amount of \$ _____ as itemized on the reverse side for the Society activity described. Attached is substantiation for the itemized expenses, the reimbursement of which is subject to the maximum expense allowable under board-approved policies.

NOTE: REQUEST FOR REIMBURSEMENT MUST BE RECEIVED NO LATER THAN THREE (3) MONTHS AFTER THE DATE OF THE EVENT.

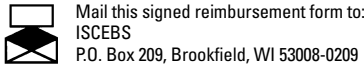
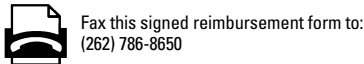
FOR OFFICE USE ONLY

	<u>Airfare</u>	<u>Hotel</u>	<u>Per Diem</u>	<u>Total</u>
Expenses submitted	_____	_____	_____	_____
Maximum expenses allowable	_____	_____	_____	_____

Reimbursement

	<u>This Reimbursement</u>	<u>Year to Date</u>
Reimbursed	_____	_____
Substantiated	_____	_____
Subject to information return filing*	_____	_____

***Potential amount to be reflected on 1099 report.**



International Society
of Certified Employee Benefit Specialists

REQUEST FOR EXPENSE REIMBURSEMENT

DAILY EXPENSES (Please print clearly)

In order for an expense to be considered adequately substantiated, the following documentation/explanation is required.

- Receipts must be provided for all items over \$25.
- Airfare—a copy of the airline passenger coupon.
- Lodging—an itemized room statement from the hotel.
- Food, beverages and entertainment receipts—identification of business vs. nonbusiness portion.

	DATE								
Transportation		R	R	R	R	R	R	R	R
Airfare	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auto Rental	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limos and Taxis	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hotel									
Room	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food and beverage									
Breakfast	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dinner	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beverage	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entertainment									
Food	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beverage	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gratuities and other									
Tips	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DAILY TOTALS	_____								
TOTAL OF ALL DAILY EXPENSES									=====

Please check the box under **R** for items with enclosed receipts.