



FEDERATION OF AMERICAN SOCIETIES FOR EXPERIMENTAL BIOLOGY

9650 Rockville Pike Bethesda, MD 20814-3998 Telephone: (301) 634-7000

FASEB BOARD AND COMMITTEE EXPENSE REPORT

Expense Report and Receipts must be submitted within 30 calendar days from the last day of travel.

PLEASE PRINT

Name of Claimant _____ Date of Submission _____

Reimbursement to be sent to the following address: _____

Please furnish all information requested. Incomplete submissions may be returned (see instructions on back).

PURPOSE OF EXPENSE (Be specific - include persons and/or organizations visited and reason for visit or meeting attended.)

Date and Hour of Departure _____ Date and Hour of Return _____

TRANSPORTATION:

Table with 9 columns: Date, From (City and State), To (City and State), Airplane, Train, Other Mode (Specify), Mileage (See Inst. 4), Other (Specify), Totals. Includes a total row at the bottom.

Table for OTHER EXPENSES with 2 columns: Description, Totals. Rows include Taxi and limousine fares, Hotel expense, Meals, tips, etc., Other expenses, and Total Due to Claimant.

I certify that the above charges, incurred by me, are correct and proper.

Receipts must be submitted with Expense Report

Signature of Claimant _____

THIS SECTION FOR FASEB OFFICE USE ONLY

APPROVAL

I certify that the above expenses were duly authorized; and I approve the claim for payment.

Signature _____

Title _____ Date _____

ACCOUNT (S) TO BE CHARGED

Table with 2 columns: Description, Totals. Includes a total row at the bottom.

INSTRUCTIONS FOR PREPARATION OF EXPENSE REPORT

1. Expenses in connection with duly authorized travel for FASEB will be reimbursed upon the presentation of properly prepared expense reports signed by the claimant and approved by the Executive Director.
2. All information on this report should be filled in as requested. Unusual circumstances in connection with the travel expenses should be fully explained. When applicable, charges should be equitably adjusted because of business for other organizations.
3. **Receipts for transportation must accompany this report.** Advance purchase economy class airfare must be used unless otherwise approved **in advance** by the Executive Director.
4. Reimbursement for the use of a traveler's automobile on authorized travel will be at the current mileage rate set by the IRS and shall cover all operating costs including gasoline, oil, etc., but shall not include bridge and road tolls, or parking, etc. Actual amounts paid for tolls and parking may be claimed in addition to the mileage allowance. However, reimbursement for the use of the traveler's vehicle may not exceed the cost of the same travel by air. To find out the **current IRS mileage rate**, go to: www.irs.gov and search "mileage rate 2008" (or current year) - sort information by date to see the current rate. Travel by personal vehicle is not authorized unless the traveler possesses a valid driver's license and maintains vehicle insurance as required by state law.
5. Out of pocket expenses for business related taxicab and limousine fares will be reimbursed to the traveler at actual cost. The use of a rental car in lieu of public transportation must be justified on a separate statement attached to this report. Rental car expense will be reimbursed only to the extent of equivalent fare for public transportation.
6. If hotel room costs (room/tax) are not coordinated through FASEB, the traveler will be reimbursed on an actual cost basis if a receipted bill from each hotel is attached. The reimbursement shall be at the rate of a single room (if available), otherwise a written explanation should accompany this report.
7. Expenses for meals not coordinated through FASEB (e.g. meals provided in conjunction with a meeting) will be reimbursed to the traveler at a per diem rate of \$59 for each calendar day in travel status (receipts for meals are not required in this case). For partial travel days, the per diem rate will be reimbursed as follows: Breakfast (\$11), Lunch (\$16), and Dinner (\$32). Dates and times of departure and return must be entered on this form. **The cost of meals provided by the Federation and other parties must be deducted from the per diem allowance.**

Questions: Contact the FASEB Executive Office at (301) 634-7090