



**INTERNATIONAL UNION OF TOXICOLOGY**

## Executive Committee Expense Reimbursement Policy

Persons traveling on authorized and necessary Union business are entitled to reimbursement of related expenses. Expenses should be listed on an Expense Reimbursement Request form which is available from the IUTOX Headquarters or the Web site at [www.iutox.org](http://www.iutox.org).

The following guidelines are applicable to International Union of Toxicology travel:

1. Travel expenses will be reimbursed at economy class coach rates, utilizing the most direct route, when receipts are provided. Please take advantage of advanced purchase and other special fares when possible (see note below). Ground transportation (taxis, shuttles, etc.) costs are also reimbursed.
2. Personal mileage on privately-owned cars will be reimbursed at the rate of \$ .405 (Jan. 01–Aug. 31, 2005) and \$ .485 per mile (Sept. 01–Dec. 31, 2005) (as allowed by the U.S. Internal Revenue Service). Car rental is applicable only if public transportation is unavailable.
3. Hotel accommodations, up to one night more than the IUTOX assignment (EC Meeting, lecture, etc.), will be reimbursed on a cost-basis.
4. Personal entertainment and incidentals, such as movies, are not reimbursable.
5. Receipts are required for any expense in excess of \$50.
6. If requested, IUTOX will provide \$50 per day for meals and general expenses, which should be adjusted if meals are provided.

Forms should be submitted to the IUTOX Headquarters Office  
within two weeks of the date the expenses are incurred.

**PLEASE RETURN COMPLETED FORM AND RECEIPTS TO:**

International Union of Toxicology Headquarters  
1821 Michael Faraday Drive, Suite 300  
Reston, VA 20190-5348

Telephone: (703) 438-3103  
Facsimile: (703) 438-3113



INTERNATIONAL UNION OF TOXICOLOGY

## Expenses Reimbursement Request

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

Organization: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

PURPOSE OF EXPENSE	ROUTE COVERED			MODE OF TRAVEL*
	DATE	FROM	TO	

DATE	TRAVEL	LODGING	MEALS			MISCELLANEOUS				TOTALS
			BREAKFAST	LUNCH	DINNER	CABS	TEL	TIPS	OTHER	
Total	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

OTHER EXPENSES (Explanation of Other Miscellaneous Above)		
DATE	PURPOSE	AMOUNT
		\$
		\$
		\$

REIMBURSEMENT INSTRUCTIONS
<input type="checkbox"/> Please send a check in U.S. Dollars to me at the following address: _____ _____
<input type="checkbox"/> Please wire transfer my reimbursement in _____ (Currency Type) to my account at: _____, _____ <div style="display: flex; justify-content: space-between;"> <span>Bank</span> <span>Bank Swift Code</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Bank aba # and Account #</span> <span>Name on Account</span> </div>

REIMBURSEMENT SUMMARY	
TOTAL EXPENSES	\$
LESS: ITEMS BY OR CHARGED TO IUTOX	( )
REIMBURSEMENT DUE	\$

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

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_ APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

*\*If personal car, indicate mileage, reimbursed at \$.405 (Jan. 01–Aug. 31, 2005) and \$.485 per mile (Sept. 01–Dec. 31, 2005).*