**ASPEN Travel Expense Voucher**

**Instructions and Allowable Expenses**

1. **Transportation**

# Air/Train Travel

Please use only coach or economy class air and train fares. All air/train travel reimbursements are based on a ticket price booked at least 30 days prior to event. Submit receipts for tickets along with Travel Expense Voucher.

## Automobile Travel

Reimbursement for use of traveler’s auto will be at the current rate of **$0.58** per mile (**revised 01/01/2019**), to include cost of oil and gasoline and cannot exceed the cost of travel by air. Bridge, road tolls and/or parking expenses may be claimed in addition to the mileage allowance. Please furnish receipts for these items along with the Travel Expense Voucher.

## Ground Transportation

Public ground transportation, especially airport buses and vans, should be used whenever possible. Except for unusual circumstances, which should be documented, travel costs from home-to-airport/airport-to-home will be reimbursed at a maximum of **$20.00** (taxi or limousine) per trip, or **$.58** per mile for use of personal auto. Taxi cab and airport limousine fares will be reimbursed only as they relate to travel to and from official ASPEN. functions and only when available mass transportation is not feasible.

Rental Car

Rental car charges will be covered for travel from the traveler’s home city to official ASPEN. functions in lieu of air or train travel. Reimbursement cannot exceed the cost of travel by air and will be authorized at the economy class rate for autos.

1. **Meals**

Reimbursement is available on a per meal basis. The maximum reimbursable amount for meals per day is **$42.00** to cover the actual cost of three meals. For partial days, reimbursement will be based on the following maximum allowances: Breakfast- $11.00, Lunch- $11.00, Dinner- $20.00. Receipts for actual costs of meals must be submitted along with the Travel Expense Voucher. Reimbursement will not be available for any meal provided by the Society for an ASPEN. group function. If a receipt is submitted for a meal, which includes several ASPEN. attendees, please indicate this on the Travel Expense Voucher.

1. **Hotel & Lodging**

Travelers’ room charges will be reimbursed at group rates where ASPEN. has made such arrangements and for a period of time necessary for the completion of the official purpose of the travel. In other instances, reimbursement will be limited to reasonable room costs for single persons only (not family members), in regular accommodations (not suites). ASPEN. encourages room sharing where feasible and comfortable. ASPEN. reserves the right to limit reimbursement for room charges where such charges appear excessive or unnecessary for normal completion of Society-related responsibilities.

1. **Miscellaneous Expenses**

Personal expenses including, but not limited to, laundry, valet, travel insurance, in-room movies, telephone calls, internet access charges, bar bills, etc., **will not** be reimbursed by ASPEN. Telephone calls for official ASPEN. business will be reimbursed and must be so noted on your hotel bill.

1. **Honorarium**

If you are entitled to an honorarium as stated in your agreement with ASPEN. please indicate where noted on the Travel Expense Voucher. The IRS requires a 1099-Misc for honoraria of $600 or more.

**FORMS MUST BE SUBMITTED WITHIN 30 DAYS**

Revised 12/18/2018

TRAVEL EXPENSE VOUCHER

American Society for Parenteral & Enteral Nutrition

8401 Colesville Road Suite 510 Silver Spring, MD 20910

(301) 587-6315 / (301) 587-2365 fax

Please read the reverse side before completing this form. Furnish all information requested, and submit with receipts to support claims for reimbursement. **Requests must be submitted within thirty (30) days**. Please indicate the address to which the reimbursement check is to be mailed.

#### Please print

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NAME:** |  | |  | **DATE:** |  | |
| **ADDRESS:** |  | |  | **PHONE:** | | |
|  |  | |  | **SOC SEC. #:** | |  |
|  |  | |  | **E-Mail:** | |  |
| **PURPOSE OF TRAVEL:** | |  | | | | |

TRANSPORTATION (See Instruction #1 on reverse)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| TRAVEL DATES | TO/FROM | AIR/TRAIN FARE | MILEAGE | GROUND TRANSP | TRANSP EXP |
|  |  | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ |
|  |  |  |  | SUBTOTAL | $ |

MEALS (See Instruction #2 on reverse)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | MEALS EXP |
| $ | $ | $ | $ | $ | **$** |
|  |  |  |  | SUBTOTAL |

### HOTEL (See Instruction #3 on reverse)

|  |  |  |  |
| --- | --- | --- | --- |
| ROOM CHARGE PER NIGHT | NUMBER OF NIGHTS |  | HOTEL EXP |
| $ |  | SUBTOTAL | $ |

MISCELLANEOUS (See Instruction #4 on reverse)

|  |  |  |
| --- | --- | --- |
| DESCRIPTION OF ADDITIONAL EXPENSES | | MISC EXP |
|  | |  |
|  | SUBTOTAL | $ |
|  |  |  |

HONORARIUM (See Instruction #5 on reverse)

|  |  |  |
| --- | --- | --- |
| DESCRIPTION OF PROGRAM INVOLVEMENT | | HONORARIA |
|  | |  |
|  | SUBTOTAL | $ |

|  |  |  |
| --- | --- | --- |
|  | TOTAL FUNDS REQUESTED | $ |
|  |  |  |

I certify that the above charges, incurred by me, are correct and proper, and are not being reimbursed by another party. In addition, I have indicated if airfare has been pre-paid by ASPEN.

Signed (Claimant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Office Use Only: TOTAL REIMBURSEMENT DUE CLAIMANT**  **$**

Approval:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ G/L Code \_\_\_-\_\_\_-\_\_\_\_-\_\_\_\_ Desc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ G/L Code \_\_\_-\_\_\_-\_\_\_\_-\_\_\_\_ Desc.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_