

How to Fill Out Your Reimbursement Form

For National Office Travel Award Winners only. Regional award winners must contact your region.

Thank you for attending the 2014 Advocacy Summit. Please be sure to follow these steps carefully. Please consult the orange highlighted areas on the example expense report.

1. Name: Insert your full name. This is the name that will appear on your reimbursement check.
2. Department: Insert "Public Health Policy and Advocacy".
3. Date: Please list all of the dates you attended the Summit.
4. In the body of the spreadsheet, list the prices of your incidental items as appropriate.
5. In the "Total Expenses" row, you will see a running total for the day and your total trip expenses at the end of the row.
6. Make sure to correctly fill in your address at the bottom left corner.
7. **Reimbursement forms MUST be personally signed and dated.** No electronic signatures will be accepted and any unsigned forms are unable to be processed and will be returned.
8. **SAVE ALL OF YOUR ORIGINAL RECEIPTS. REIMBURSEMENTS SUBMITTED WITHOUT AN ORIGINAL, ITEMIZED RECEIPT WILL NOT BE APPROVED.**
9. **Mail the form with all original receipts to Laura Keivel.** Electronic submissions will not be accepted. Please keep a copy of your form and receipts for your records. The mailing address is:

Laura Keivel
Arthritis Foundation Public Health Policy and Advocacy Department
1615 L St., NW, Suite 320
Washington, DC 20036

10. **DUE TO IRS REGULATIONS, YOU MUST SUBMIT THE ORIGINAL FORM AND ORIGINAL RECEIPTS WITHIN 30 DAYS OF YOUR TRIP.**
11. Your reimbursement will be mailed at the address you provide in the form in 3-6 weeks.

ITEMS INELIGIBLE FOR REIMBURSEMENT:

1. Alcohol
2. Wifi
3. Meals purchased if an Arthritis Foundation meal is already provided
4. Any hotel nights outside of the two nights provided with your Travel Award. If you are driving, we will NOT reimburse you if you choose to stay at a hotel enroute.
5. Any meals over your allotted \$50 per day
6. Any items without an original receipt. This means that if you choose to take a taxi from the airport, you must collect a receipt from the taxi driver. If you check a bag on your flight, you must collect a receipt from the airline. NO EXCEPTIONS.

Thank you for your cooperation. If you have any questions, please contact Laura Keivel at lkeivel@arthritis.org or 202-887-2913.

ARTHRITIS FOUNDATION TRAVEL AND MEAL EXPENSE REPORT (EXAMPLE) VOLUNTEER

Revised January 2009

PLEASE REFER TO ARTHRITIS FOUNDATION TRAVEL AND MEAL POLICY FOR INFORMATION ON ALLOWABLE EXPENSES

NAME	Sam Summit Attendee			DEPT.	Public Health Policy and Advocacy			W/E:	
DATE		03/24/14	03/25/14	03/26/14					
LOCATION	FROM:								TOTALS
	TO:								
1. AIR									0.00
2. TAXI									0.00
3. MILEAGE: Miles Traveled									0.00
x \$.14		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4. PARKING & TOLLS									0.00
5. CAR RENTAL									0.00
6. LODGING									0.00
7. PERSONAL MEALS: Breakfast									5.00
Lunch				10.42					10.42
Dinner		12.52					12.52		
8. BUSINESS MEALS:									0.00
9. PHONE									0.00
10. OTHER									50.00
Less items paid by National (-)									0.00
Some volunteers may choose to defray a portion of their travel costs. If you would like to contribute in this manner, please enter the amount below and it will be deducted from your total reimbursement.									
Less Volunteer Contribution (-)									0.00
TOTAL EXPENSES		42.52	0.00	35.42	0.00	0.00	0.00	0.00	77.94

Please fill in the prices for your
reimbursable expenses here

EXPENSE FORM MUST BE SUBMITTED WITHIN 30 DAYS OF TRIP FOR REIMBURSEMENT.

IMPORTANT: Explain below each item listed above with particular attention to large or unusual items and relate all to Foundation business. Attach all receipts as required.

Date	Item	Purpose of Trip and Explanations	Account code	Project
3/24/2014	Other	US Airways checked baggage fee		
3/26/2014	Other	US Airways checked baggage fee		

You must sign and date the form or
it will not be processed

4/12/2014

Date Submitted

Sam Summit Attendee

Submitted by and certified correct

MAILING INSTRUCTIONS: (Give Address)

Sam Summit Attendee
1234 Advocate Drive
Washington, DC 20036

Total Expense 77.94

APPROVED _____