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*Physicians Adding Quality to Life***®**

#

This form should be dated, signed, and all receipts attached. Send original to AAPM&R. Keep photocopy for your records.

|  |  |
| --- | --- |
| Name | Meeting Attended |
| Address Check Here if New Address | Location |
| City State/Province Zip/Postal Code | Dates |

**ITEMIZE OUT OF POCKET EXPENSES. PLEASE ATTACH RECEIPTS AND EXPLAIN ANY UNUSUAL EXPENSE ITEMS.**

**1**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Dates** |  | |  | |  | |  | |  | | **Personal** | |
| Lodging (Room + Tax) (Per day for self only) |  |  |  |  |  |  |  |  |  |  |  |  |
| Meals + Tips  (Charged at Hotel) |  |  |  |  |  |  |  |  |  |  |  |  |
| Meals + Tips  (Out of Hotel) |  |  |  |  |  |  |  |  |  |  |  |  |
| Other  (Phone, Valet, etc.) |  |  |  |  |  |  |  |  |  |  |  |  |
| Transportation  (Air, R.R. etc.) |  |  |  |  |  |  |  |  |  |  |  |  |
| Ground  (Taxi, Auto, Park, etc.) |  |  |  |  |  |  |  |  |  |  |  |  |
| **Subtotal A (Lines 1 - 6)** |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Total** | |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| $ |  |

**2**

**3**

**4**

**5**

**6**

**A**

**OTHER EXPENSES. PLEASE ATTACH RECEIPTS AND EXPLAIN ANY UNUSUAL EXPENSE ITEMS.**

**7**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Dates** |  | |  | |  | |  | |  | | **Personal** | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Subtotal B (Lines 7 - 9)** |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Total** | |
|  |  |
|  |  |
|  |  |
| $ |  |
|  |  |
|  |  |
|  |  |
|  |  |
| $ |  |

**8**

**9**

**B**

**Meeting Expense (A plus B)**

Explanation

**Less Personal**

Signed Date Approved Date

**Subtotal**

**Less Advances**

**Reimbursement Due**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Accounting Use Only | | | | | | | | |
| G/L | Dept. | Dir. | Amount |  | G/L | Dept. | Dir. | Amount |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Total | | | | | | | |  |

AAPM&R Travel Policy- 2019

Air Travel

• Airline tickets must be purchased at least 21 days in advance.

• Airline travel must be at the “lowest logical fare” in coach class. Fares of $500 or more must be approved by the AAPM&R national office, prior to ticketing. Anyone wishing an upgrade must bear the cost.

• Members will be asked to purchase any non-refundable tickets which were not used because the member did not attend a meeting, unless the member will be attending another Academy meeting within the next year and can re-use the ticket.

• If an extra non-Academy leg of travel is added to an official Academy trip, the member must have the travel agent also price a ticket without the extra leg. The member will pay the difference between the two fares (both fare prices will need to be provided to the academy).

• Automobile mileage expense will be reimbursed at the current IRS approved rate *(2019– .58 cents per mile)* for business related mileage plus parking and tolls. Rental car expenses will be reimbursed when no other reasonable mode of transportation is available. Rental car requests must not exceed the lowest air fare cost.

Hotel

• Once a hotel reservation has been made and confirmed, cancellations must be made with the Academy office  *24 hours prior* to arrival.

• Where established, all travelers’ room and tax charges will be billed to a “master account.” The room rate is based upon single occupancy. The difference between single and double rates will be billed back to the member or deducted from any reimbursement if the member is traveling with a guest. Members are responsible for their and any guests’ personal expenses.

• Unless food is provided at the meeting, reasonable costs for breakfast, lunch and dinner will be reimbursed.

Other

• Ordinary business expenses will be reimbursed only when authorized by committee chairs and/or the national office.

• Receipts must be submitted for all charges with the exception of hotel/airport gratuities.

Committee travel reimbursements should be submitted to the designated staff liaison for that committee.

***Reimbursement requests must be submitted to the national office within 30 days of travel.***