**Requisition for Reimbursement**

**Travel Expenses**

|  |  |  |
| --- | --- | --- |
| **Description**  **(Receipts required)** | **Amount** | **Account #**  **(Office use only)** |
| Departure City       Destination  Travel Dates       Purpose of Travel |  |  |
| Air Fare (not to exceed $650 without ED/Treasurer approval) |  |  |
| Bus/Railroad |  |  |
| Automobile ( miles at $0.55/mile) |  |  |
| Public Transportation, Taxi, shuttle |  |  |
| Parking/Tolls |  |  |
| Lodging |  |  |
| Meals (may not exceed IRS per diem for destination city) |  |  |
| Other |  |  |
| Explanation |  |  |
| **TOTAL** |  |  |

**General Expenses (All non-travel expenses, ie postage, copying, printing)**

|  |  |  |
| --- | --- | --- |
| **Description**  **(Receipts required)** | **Amount** | **Account #**  **(Office use only)** |
|  |  |  |
| **TOTAL** |  |  |

Requested by (signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed name

Address

Phone ()  Date of request

Approved by (signature and date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit via fax at 330-670-0109, to [Kathy@anacnet.org](mailto:Kathy@anacnet.org) or via mail WITH ORIGINAL RECEIPTS to ANAC National Office, 3538 Ridgewood Road, Akron, Ohio 44333-3122. Request will be forwarded to ANAC Executive Director for approval and check processing. Reimbursements with original receipts will be processed within 14 business days. Reimbursements without original receipts will not be processed.

**Receipts/requests for reimbursement must be received within 30 days of occurrence or reimbursement will not be granted.**