FOR ACCOUNTING TEAM USE ONLY

 VENDOR #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 REFERENCE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Academy of Nutrition & Dietetics /FOUNDATION

DPG/MIG EXPENSE REPORT FORM

 **SEE REVERSE SIDE FOR EXPENSE REIMBURSEMENT PROCEDURES.**

\_\_\_\_\_\_ ü AND HIGHLIGHT IF ADDRESS HAS CHANGED SINCE THE LAST REQUEST.

|  |  |  |
| --- | --- | --- |
| NAME  |  | NAME OF BOARD OR COMMITTEE OR **PRACTICE GROUP**SCAN DPG #33 |
| STREET  |  | TRIP TO  Portland, OR  |
| CITY STATE ZIP |  | PURPOSE  2016 SCAN Symposium  |
| PHONE  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **TRANSPORTATION:** | **DATE** | **DATE** | **DATE** | **DATE** | **DATE** | **TOTALS** | **ACCOUNT ITEM CODE** |
| AIRFARE NOT DIRECTLY BILLED  |  |  |  |  |  |  |  |
|  TO/FROM AIRPORT  |  |  |  |  |  |  |  |
|  TOLLS/PRKG/CAR RENTAL/MILEAGE \_\_\_\_\_\_ mi. (@ 56.5¢ per mile)  |  |  |  |  |  |  |  |
|  LOCAL BUSINESS TRANSPORTATION |  |  |  |  |  |  |  |
| LUGGAGE(2 bags maximum each way) |  |  |  |  |  |  |  |
|  ***TRANSPORTATION SUB TOTAL***  |  |  |  |  |  |  |  -520-4850-3354 |
|  ***Airfare Direct Billing for MEMO PURPOSES ONLY è*** | $ |  |  |  |  |  |  |  |
| **HOTEL ROOM TOTAL (room & taxes only)** |  |  |  |  |  |  | -520-4810-3354 |
|  ***Master Hotel Billing for MEMO PURPOSES ONLY è*** | $ |  |  |  |  |  |  |
| **DAILY EXPENSE ALLOWANCE**  |  |  |  |  |  |  |  |
|  BREAKFAST |  |  |  |  |  |  |  |
|  LUNCH |  |  |  |  |  |  |  |
|  DINNER |  |  |  |  |  |  |  |
|  NON-MEAL TIPS/OTHER |  |  |  |  |  |  |  |
|  LOCAL TRANSPORTATION |  |  |  |  |  |  |  |
|  ***EXPENSE ALLOWANCE SUB TOTAL***  |  |  |  |  |  |  | -520-4830-3354 |
| **OTHER BUSINESS EXPENSES:** |  |  |  |  |  |  |  |
|  TELEPHONE |  |  |  |  |  |  | -545-4510-3354 |
|  POSTAGE |  |  |  |  |  |  | -530-4520-3354 |
|  PRINTING/COPYING |  |  |  |  |  |  | -620-4710-3354 |
|  \*MISCELLANEOUS (*NOTE IN COMMENTS BELOW)* |  |  |  |  |  |  |  |
| ***\*Comments: (Other than details that are to be recorded on receipts.)*** |  |  | **GRAND TOTAL** |  |  |
|  |  |  |  |  | (-) ADA Advance | ( ) |  -115-1270-3354 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  | **BALANCE DUE YOU** |  |   |
| YourSignature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  | OR |  |  |
|  Chair/TreasurerSignature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  | **BALANCE DUE Academy** | $ |  |
|  |  |  |  |  |  |  |  |

**EXPENSE REIMBURSEMENT PROCEDURES**

The Academy reimburses individuals for ordinary, necessary, and reasonable expenses that are directly related to the Academy business. Reimbursement should be fair and equitable to the individual and the Academy. Violation of the policy may result in denial of reimbursement.

Supervisors at the director level and above authorize travel for teams within their budget. A Pre-travel Authorization Form must be submitted by the traveler, to their supervisor prior to finalizing travel arrangements.

**EVERY FULLY REIMBURSABLE EXPENDITURE MUST BE SUBSTANTIATED WITH AN ORIGINAL RECEIPT**. Receipts should be attached chronologically as referenced on the expense report. **Please be advised that a credit card statement alone is not considered proof of purchase. You must have a receipt for each credit card purchase.** Tear-off tabs for meals are not considered appropriate receipts unless validated by a cash register. If paying for other reimbursable individuals, it is preferable that each individual pay separately and obtain a receipt**. If this is not appropriate whoever pays the bill must list on the expense report who is covered on the receipt.** Entertainment expenses incurred by individuals are allowable for approved business reasons. Receipts must list each attendee’s name, their company, title, and business purpose. If a receipt is lost, the traveler must seek a duplicate. If this is impossible due to the nature of the receipt, a memo explaining the circumstances will be accepted.

**1. TRANSPORTATION:**

Air travel should be reserved and confirmed through the Association’s official travel agent, The Academy Travel Store. Reimbursable expenses may include transportation to/from airport, other local businesses, tolls, parking, subway, train, bus and/or actual car mileage. **The most economical route and/or mode of transportation are to be used**. Automobile travel when properly authorized will be reimbursed at **$0.565 cents** per mile. Traffic fines, parking violations, and automobile maintenance or repair are not reimbursable. A maximum of two bags reimbursed for checked luggage each way.

Car rental requires prior approval on travel authorization form. Local **business** transportation is for cabs/buses used for only business purposes during the stay(i.e. to/from convention center and meetings) Local Transportation is for cabs/ buses for purposes (i.e. to/from non business related dinner)

**2. HOTEL ROOM:**

Lodging expenses are eligible for reimbursement only when they are incurred more than 50 miles from the individual traveler’s home of record. The appropriate director may grant exceptions for unusual circumstances.

When checking in the hotel, use your name and the name and address of the Association. If the Headquarters Office has arranged for the cost of your room and room tax to be billed directly to Academy, you will need to pay all incidental room charges upon checkout (telephone calls, room service, hotel restaurant meals charged to your room, etc.). For individual travel, direct billing is not always an option. The traveler is expected to pay for lodging and submit the expense on an expense report.

**Hotel expenses should be for room and taxes only. Other expenses on bill for parking, telephone, meals etc. should be shown on the appropriate expense line item on the expense report form**. **Please be advised that a credit card statement is no longer accepted as stand alone proof of payment for hotel expenses. A paid itemized hotel bill must be submitted along with the credit card statement to be processed for payment.**

**3. AVERAGE DAILY EXPENSE ALLOWANCE:**

An average daily amount of $57 per day, except $71 in Chicago, Washington, DC and **for FNCE Houston,** plus one travel day is allowed. This covers meals, tips, local non-business transportation, laundry and valet, and necessary incidental expenses while you are at the meeting site.

**4. DPG/MIG GENERAL POLICIES:**

The expense report form should be returned to the DPG/MIG Treasurer within 10 business days of the conclusion of the meeting or trip. Expense reimbursement will be mailed from Academy Headquarters within 15 business days of receipt of the expense report form, if properly coded with appropriate receipts and approvals. If you have any questions regarding the above policies or form preparation, call your DPG/MIG Relations Manager or Accounting Manager at Academy Headquarters.

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**FAILURE TO FOLLOW ACADEMY POLICY MAY RESULT IN REIMBURSEMENT DELAY.**