

TRAVEL REIMBURSEMENT POLICY

Individuals traveling on authorized ABHP business are requested to pay their individual expenses directly and submit a travel expense report with receipts within thirty days after completion of each trip or meeting. It is the responsibility of the individual to see that these are submitted in a timely fashion. Reimbursement will be made on a first-in, first-out basis. Expenses submitted after thirty days will be considered for reimbursement on a case by case basis.

It is the policy of the Association to reimburse its officers and directors for travel expenses for all regularly scheduled and the committee or council members for official committee or council meetings.

Persons traveling on Association business will be paid for transportation, housing accommodations and service which meet the approval of the Executive Committee. Council and committee members are not normally expected to stay overnight for regularly scheduled meetings. However, if a council/committee member's attendance is precluded due to this policy, approval for overnight stay must be obtained from the Chair of the Executive Committee in advance.

Automobile Transportation: Rate of \$.325 per mile (not to exceed the cost of coach airfare).

Accommodations: ABHP members shall be reimbursed at one-half the single/double occupancy rate when staying at a hotel on ABHP business. Members wishing single accommodations may do so by paying one-half of the single/double occupancy rate. This policy shall not apply if a roommate is not available. The ABHP president may grant exceptions to this policy.

Reimbursement for meals: ABHP will reimburse up to \$35.00 per day for meal expenses when accompanied by appropriate documentation. Expenses for alcoholic beverages should not be submitted for reimbursement.

Other expenses not specifically outlined need prior authorization by the President of the Association.

Only the President and Treasurer of ABHP are authorized to sign for any other expenses related to travel or any service provider.

ASSOCIATION OF BLACK Health-System PHARMACISTS

STATEMENT OF EXPENSES

(All applicable receipts must be attached)

Please complete form and mail to: Horace Knight, Treasurer
13 Beauvoir Court
Rockville, MD 20855

Name (please print)		
Address		
City	State	Zip Code
Event or Purpose of Travel		Date of Travel

TRAVEL

(Attach Receipts)

Transportation

Airline: Ticket	\$ _____	
Parking	\$ _____	
Ground Transportation	\$ _____	
Tips	\$ _____	
		Total Air: \$ _____
Auto: Mileage: _____ \$0.325/mile	\$ _____	
Parking	\$ _____	
Road Tolls	\$ _____	
		Total Auto: \$ _____
Lodgings	\$ _____	Total Lodgings: \$ _____
Meals	\$ _____	Total Meals: \$ _____

Other

(Attach Receipts, if applicable)

Postage	\$ _____	
Printing	\$ _____	
Telephone	\$ _____	
Office Supplies	\$ _____	
Honorarium	\$ _____	
Miscellaneous	\$ _____	
		Total Other: \$ _____

Grand Total \$ _____

Signature	Date
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FOR OFFICE USE ONLY:

Paid by:	Check #	Date:	Amount:
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