



American Society for Histocompatibility & Immunogenetics

15000 Commerce Parkway, Suite C, Mount Laurel, NJ 08054

Travel Reimbursement Voucher

Name: _____

Date: _____

Payable to Address: _____

Signature: _____

It is requested that I be reimbursed for travel and other expenses in connection with ASHI business.

Purpose of Trip/Meeting: _____

Institution / ASHI Accreditation Number (if applicable): _____

Location: _____

Dates: _____

- 1) Complete this form
- 2) **TAPE** original receipts to plain white paper - ***PLEASE DO NOT USE STAPLES!***
- 3) Submit to ASHI National office

ITEMIZED ACCOUNT

Day of Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL
Date								
Lodging								
Breakfast								
Lunch								
Dinner								
Transportation/Air								
Local Cab/Bus								
Parking								
Gratuities								
*Other								
Automobile (miles) x .555 per mile** (includes reimbursement for gas)								

**Proof of mileage such as Mapquest or Google Maps is required by auditors. (Odometer readings are not considered proof.)

TOTAL: _____

Less Funds Advanced: _____

TOTAL DUE: _____

*Other (Please provide explanation):

