

Commission on Accreditation of Medical Physics Education Programs

1631 Prince Street, Alexandria, VA 22314 - (571) 298-1239

TRAVEL EXPENSE / SITE VISIT REIMBURSEMENT FORM (USD)

Receipts are required for expenses over \$25

NAME					PHONE					DATE #####				
MAIL CHECK TO														
PURPOSE OF TRAVEL (Be specific, include person and/or organization visited and reason for visit or meeting attended)														
FOR HQ USE ACCOUNT TO BE CHARTED					DESCRIPTION					ACCOUNT NO.				
ITINERARY														
ITEM NO	DESCRIPTION OF ITEM	FROM / TO	FROM / TO	FROM / TO	FROM / TO	FROM / TO	FROM / TO	FROM / TO						
		DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE					
1A	PERSONAL VEHICLE MILEAGE (BY DAY)													
1B	PERSONAL VEHICLE (MILES X RATE)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2	FARE* AIR/RAIL													0.00
3	VEHICLE RENTAL*													0.00
4	PARKING-TOLLS													0.00
5	CAB FARES													0.00
6	LODGING*													0.00
7	MEALS													0.00
8	TELEPHONE													0.00
9	MISC. ITEMS (\$250 Site Visit Honorarium)													0.00
TOTALS ->		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
REMARKS (Include item no.)														
AMOUNTS TO BE ACCOUNTED FOR														
I certify that the above charges, incurred by me, are correct and proper.					CASH ADVANCE 0 Check Applicable									
					(+) TOTAL _____ Box									
CLAIMANT'S SIGNATURE DATE					EXPENSES (-) \$0.00 [] DUE AAPM									
					BALANCE (+ OR -) \$0.00 [] DUE CLAIMANT									
APPROVED BY DATE														

*ATTACH RECEIPTS (Receipts are required for expenses over \$25)