



American Society for Histocompatibility & Immunogenetics

1120 Route 73, Suite 200, Mount Laurel, NJ 08054

Travel Reimbursement Voucher

Name: _____

Date: _____

Payable to Address: _____

Signature: _____ Are you an inspector trainee? Yes No

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 by email: info@ashi-hla.org, Fax (856) 439-0525 or by regular mail

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 .54 per mile (includes reimbursement for gas)								

***Proof of mileage (MapQuest, Google Maps, etc.) is required by auditors. Odometer readings are not considered proof.

TOTAL: _____

Less Funds Advanced: _____

TOTAL DUE: _____

*Other (Please provide explanation):
