



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

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 .535 per mile (includes reimbursement for gas)								

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

The ASHI Travel Fund was created to provide travel stipends to our newer members so that they can attend ASHI meetings. Please consider donating a portion of your reimbursement to the ASHI Travel Fund. Your donation is tax deductible. Thank you!

Sub-total: _____

Donate to the Travel Fund? _____

TOTAL DUE: _____

* Other (Please provide explanation):
