

**SARNOFF CARDIOVASCULAR RESEARCH FOUNDATION**  
Annual Meeting Expense Report

NAME \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zipcode \_\_\_\_\_

## Charitable Contributions

Support the Sarnoff Fellowship Program by donating funds to sustain the Foundation's core Fellowship program and enhance research, mentoring and professional development opportunities for Sarnoff Alumni.

A traveler may make a charitable contribution to Sarnoff by electing to voluntarily reduce the amount to be reimbursed by the amount of the contribution. Charitable contributions may be deductible on your individual tax return.

*Please check the appropriate box below:*

- I elect to donate 100% of my travel expenses to Sarnoff Cardiovascular Research Foundation
- I elect to donate \$\_\_\_\_\_ of my travel expenses to Sarnoff Cardiovascular Research Foundation and to be reimbursed for the remaining amount allowed.
- I elect to donate none of my travel expenses and to be fully reimbursed.

### TRAVEL POLICY and TRAVEL EXPENSE REPORT GUIDELINES for NON-TRAINEES

*Please read carefully before submitting for reimbursement*

In an effort to reduce overall costs of the Annual Meeting to reallocate funds towards the Fellowship and Scholar Programs, the Sarnoff Cardiovascular Research Foundation will have a travel allowance for NON-TRAINEE attendees ONLY at the 39th Annual Scientific Meeting at the Hyatt Regency in Boston, Massachusetts from May 2-4, 2019

The Sarnoff Foundation will provide meals during the meeting program for all participants. Individuals will be responsible for arranging and paying for their own travel and lodging and may seek reimbursement for these charges in accordance with the following travel allowance guidelines:

- **Up to \$750 for travel and lodging for those traveling over 1,000 miles**
- **Up to \$500 for travel and lodging for those traveling under 1,000 miles**

**RECEIPTS**      *All original receipts for any expenditure must be attached for reimbursement. All reimbursements must include original or scanned copies. NO per diem amounts will be accepted.*

**PERSONAL EXPENDITURES**      *The Sarnoff Foundation will not reimburse personal expenses incurred, which include, but are not limited to: airline upgrades, additional guests, internet usage in hotel or any costs that exceed the dollar amount allotted.*

**COMPLETED TRAVEL EXPENSE REPORTS**      *Reports must be submitted **within 30 days** of travel for reimbursement.*

**Mail completed Travel Expense Report and appropriate receipts to:**

Sarnoff Cardiovascular Research Foundation  
731 Walker Road, Suite G2  
Great Falls, VA 22066

**or email receipts and report to [admin@sarnofffoundation.org](mailto:admin@sarnofffoundation.org)**

Please staple all receipts to the back of this form.

### ITEMIZATION OF EXPENSES PAID BY TRAVELER

Dates:						Totals
<b>Travel Expenses:</b>						
Miles traveled @ 58 cents per mile *	0	0	0	0	0	0
Airfare, train, etc.						
Cabs, taxis, etc.						
Other related travel (bag fees, etc.)						
<b>Total Travel Expense</b>						
<b>Hotel:</b>						
Total hotel bill						( )
Less personal exp.						
<b>Total Hotel Exp</b>						
<b>Other:</b>						
<b>Total Other Exp</b>						
<b>TOTAL REIM</b>						
	Less other personal expenditures Less Charitable Contribution <b>Balance Due Traveler</b>					

Traveler: \_\_\_\_\_ Date: \_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
 By signing the Travel Expense Report, the traveler affirms the following statement: "I have complied with the provisions of the Travel Expense Report Guidelines. The expenses detailed above represent true and accurate expenses."

### NOTES

\* If using Excel template, only enter the miles per day. The spreadsheet will calculate the amount automatically.  
 If not using the Excel spreadsheet, enter miles per day; then multiply miles by the current IRS mileage reimbursement rate noted and enter the amount in the each column.