



Society for Chemical Hazard Communication Travel and Course Expense Reimbursement Form

Under certain circumstances, SCHC reimburses personal travel and living expenses. Appropriate circumstances and limits on reimbursement are established and explained in the society's standard practices documentation and travel reimbursement guidelines.

- **All reimbursable travel must be pre-approved** by the appropriate Committee Chair or Officer:
 - ❖ For conference speakers – Program Committee Chair
 - ❖ For professional development instructors – Professional Development Chair
 - ❖ For special events or SCHC administration – President, Vice-President, or Secretary/Treasurer
- All expenses above \$25 require submission of an original receipt. Non-itemized copies of credit card billing slips are not acceptable for reimbursement purposes.
- For specifics on the appropriateness and limits for reimbursable expenses, please refer to the SCHC travel reimbursement guidelines prior to traveling.

<i>Submitter's Name</i>		<i>Date Submitted</i>	
<i>SCHC Event</i>		<i>Event Date(s)</i>	
<i>Mailing Address</i>		<i>Date(s) Expense Incurred</i>	
		<i>Daytime Phone Number</i>	
Travel Expenses	<i>Transportation (1)</i>	<i>Include all air, rail, auto, and taxi/bus expenses</i>	
	<i>Lodging (2)</i>	<i>Include all lodging expenses</i>	
	<i>Meals (3)</i>	<i>Include all meal expenses</i>	
	<i>Miscellaneous (4)</i>	<i>Include all miscellaneous travel expenses</i>	
	<i>Sub-total (travel) (5)</i>	<i>Total the amounts in 1 through 4</i>	
Course Expenses	<i>Honorarium (6)</i>	<input type="checkbox"/> <i>Course Director</i> <input type="checkbox"/> <i>Instructor</i>	<i>For professional development courses only</i>
	<i>Miscellaneous (7)</i>	<i>Include all miscellaneous course expenses</i>	
<i>Total Reimbursement</i>		<i>Total the amounts in 5 through 7</i>	
<i>Make Check Payable To</i>		<i>Tax ID Number</i>	
<i>Authorizing Signatures & Dates</i>		<i>Submitter (8)</i>	
<i>For Committee Chair or Officer and Secretary-Treasurer use only</i>	<i>Committee Chair or Officer (9)</i>		
	<i>Secretary-Treasurer</i>		
<i>Amount Paid:</i>		<i>Check Number:</i>	<i>Date Paid:</i>

For multiple expenses, please complete worksheet

Submitter: Please complete and sign this expense report on line 8. The completed expense report along with the appropriate receipts should be forwarded to the Committee Chair or Officer who pre-authorized the travel. Expense reports should be submitted within 45 days of an event.

Committee Chair or Officer: Please indicate by signature on line 9 that this expense report was completed correctly and that all expenses were appropriate. The approved expense report along with the appropriate receipts should be forwarded to the Secretary/Treasurer for payment.



Society for Chemical Hazard Communication Travel and Course Expense Reimbursement Worksheet

Please list each expense separately and indicate whether or not a receipt for the expense is attached.

TRANSPORTATION	Description	Amount	Receipt Attached
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
	TOTAL Transportation Expenses (insert this amount into line 1)		
LODGING	Description	Amount	Receipt Attached
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
	TOTAL Lodging Expenses (insert this amount into line 2)		
MEALS	Description	Amount	Receipt Attached
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
	TOTAL Meal Expenses (insert this amount into line 3)		
MISCELLANEOUS TRAVEL	Description	Amount	Receipt Attached
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
	TOTAL Miscellaneous Travel Expenses (insert this amount into line 4)		
MISCELLANEOUS COURSE	Description	Amount	Receipt Attached
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
	TOTAL Miscellaneous Course Expenses (insert this amount into line 7)		