



# American Academy of Sports Physical Therapy Travel Reimbursement Request Form

Reimbursement will be provided within 30 days of submission

P.O. Box 431 | Zionsville, IN 46077 | reimbursement@aspt.org | Fax 317.669.8276

Name	Member	Non-Member	Staff
Send Check To	Street		
	City/State/Zip		
Purpose of Travel	Date of Submission		

City	From:		To:		From:		To:	
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	TOTAL
<b>Airfare or Rail</b> <i>(Documentation Required)</i>								
<b>Ground Transportation</b>								
<b>Car Mileage</b> <i>(personal car)</i>								
<b>Car Rental</b>								
<b>Hotel Room</b>								
<b>Breakfast</b>								
<b>Lunch</b>								
<b>Dinner</b>								
<b>Miscellaneous*</b>								
<b>Staff Expense Record</b>								
<b>TOTALS</b>								

*Meals per day reimbursed at up to \$65 with receipts and \$36 without.  
Appropriate reductions in total will be made for meals provided by AASPT or APTA.  
Reductions: \$8 breakfast provided; \$10 lunch provided; \$18 dinner provided.  
Mileage is reimbursed at \$0.58 per mile.*

<b>LESS Travel Advance</b>	
<b>LESS Expense Paid By AASPT</b>	
<b>LESS Disallowable Expense</b>	
<b>Total Reimbursable</b>	

*Date	Name of Guest	Association	Place Expense Occurred	Amount

Charge To: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Check No: \_\_\_\_\_ Approved By: \_\_\_\_\_