



Sports Physical Therapy Section, APTA Travel Reimbursement Request Form

Please submit within 30 days of travel

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Name _____ Member Non-Member Staff

Send Check To _____
Street _____
City/State/Zip _____

Social Security Number _____ Purpose of Travel _____

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

*Meals per day reimbursed at up to \$65 with receipts and \$36 without.
Appropriate reductions in total will be made for meals provided by SPTS or APTA.
Reductions: \$8 breakfast provided; \$10 lunch provided; \$18 dinner provided.
Mileage is reimbursed at \$0.54 per mile.*

LESS Travel Advance	
LESS Expense Paid By SPTS	
LESS Disallowable Expense	
Total Reimbursable	

*Date	Name of Guest	Association	Place Expense Occurred	Amount

Charge To: _____ Date Paid: _____ Check No: _____ Approved By: _____