**Human Biology Association**

 **Reimbursement Request Form FY2023**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date filed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for reimbursement request (award name, EC position, etc): \_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | Dates of Expense(s) | Amount of expense  | Type of Expenditure(s): Please give detailed reasons for all expenditures. |
| EX | 4.19.23 | $432 | AIRFARE from my city to Reno |
| #1 |  |  |  |
| #2 |  |  |  |
| #3 |  |  |  |
| #4 |  |  |  |
| #5 |  |  |  |
| #6 |  |  |  |
| #7 |  |  |  |
| #8 |  |  |  |
| Total |  |  |  |

Please attach a copy of your receipt for each expense. Eligible expenses include: airfare, car mileage (only eligible for mileage or airfare; mileage at $0.585 per mile), taxi/transit within meeting location, poster printing, meals during the conference, lodging expenses.

**I certify these are valid business expenses incurred as part of my conference travel/expenses.**

Signature: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address for payment (please include city, state and ZIP):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Human Biology Association Executive Committee Approvals for Reimbursement**

Treasurer (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Sign):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_

ExCom Member (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Sign):\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_