



Expense Reimbursement Policy

(as of January 1, 2022)

Persons traveling on authorized and necessary Society business are entitled to reimbursement of related expenses. An Expense Reimbursement Request form is to be submitted for reporting expenses to be reimbursed by Society funds. Copies of the form are available from the STP Headquarters or the STP website at www.toxpath.org.

The following guidelines are applicable to Society of Toxicologic Pathology travel:

1. Travel expenses will be reimbursed at economy class coach rates, utilizing the most direct route, when receipts are provided. Please take advantage of advanced purchase and other special fares when possible. Ground transportation costs (taxis, shuttles, etc.) are also reimbursed.
2. Personal mileage on privately-owned cars will be reimbursed at the rate of \$0.585/per mile (January 1, 2022 to present). Car rental is applicable only if public transportation is unavailable.
3. Rooms at the assigned hotel are usually charged to STP's master account if so arranged by Headquarters.
4. Personal entertainment and incidentals, such as a movie, are not reimbursable.
5. Itemized receipts are required for expenses of \$10 or more.
6. Forms should be submitted to the STP Office within 30 days of the date the expenses are incurred.
7. STP will reimburse actual meals and out-of-pocket expenses of up to \$60.00 per day (excluding ground transportation).

PLEASE RETURN COMPLETED FORM AND RECEIPTS TO:

Society of Toxicologic Pathology | 11190 Sunrise Valley Drive, Suite 300 | Reston, VA
20191 Tel: 703.438.7508 | Fax: 703.438.3113 | Email: stp@toxpath.org

Name: _____
Organization: _____
Address: _____
City: _____
State: _____ Zip: _____
Tel: (_____) _____

Society of Toxicologic Pathology

Expenses Reimbursement Request



Period Covered: From: _____ 20____

From: _____ 20____

To: _____ 20 _____

Travel Authorized By: _____

PURPOSE OF EXPENSE (Activity, Committee, Etc.)	ROUTE COVERED			MODE OF TRAVEL*
	DATE	FROM	TO	

OTHER EXPENSES (Explanation of Other Miscellaneous Above)

FOR ACCOUNTING ONLY		
Charge \$	To Line Item	Acct. NO.
Charge \$	To Line Item	Acct. NO.
Charge \$	To Line Item	Acct. NO.
Charge \$	To Line Item	Acct. NO.
EXTENSIONS AND TOTALS CHECKED INITIALS		POLICY CHECKED INITIALS

REIMBURSEMENT SUMMARY	
TOTAL EXPENSES	
LESS: ITEMS PAID BY OR CHARGED TO <i>STP</i>	()
REIMBURSEMENT DUE	

I hereby certify that the above expenses were incurred by me in connection with travel on STP business and that I have not been, nor do I expect to be, reimbursed from another source for any portion of the net amount claimed from STP.

SIGNED: _____ DATE: _____ APPROVED: _____ DATE: _____