



STP Annual Symposium Nonmember Speaker Expense Reimbursement Policy

(as of January 1, 202*)

An Expense Reimbursement Request form is to be submitted for reporting expenses to be reimbursed by Society funds. A copy of the form is available from STP Headquarters or the STP website at www.toxpath.org.

The following guidelines are applicable to travel by Annual Symposium nonmember speakers approved for travel funding:

- FÈ 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 to transportation hubs (i.e., airport, train station) is reimbursed separately at economy rates Ç] ÅÍ Æ via the most direct route when receipts are provided.
- GÈ Mileage on privately owned cars will be reimbursed at the 2026 IRS standard mileage rate for business use (\$.725/per mile) up to 250 miles each way, when utilizing the most direct route and providing all receipts. Rental cars (only if public or any other transportation options are not available) require advance written approval from STP Headquarters, and only qualify for reimbursement when utilizing the most direct route and providing all receipts and documentation. Please note that STP is not responsible for insurance coverage of privately owned cars or rental cars used for transportation to/from or while attending the STP Annual Symposium.
- HÈ STP provides up to two consecutive nights' accommodation, inclusive of the speaker's session presentation date, at the Annual Symposium Headquarters Hotel which will be billed to the STP Master Account (no personal outlay of payment required).
- IÈ STP provides a \$60 per day stipend (actual meals and out-of-pocket expenses) for up to two days concurrent with provided accommodation (up through normal checkout time). Please note that this daily meals/out-of-pocket expenses stipend is not transferrable.
- ÍÈ Personal entertainment and discretionary incidental expenses, including the purchase of alcoholic beverages, are not reimbursable.
- ÎÈ Itemized receipts and payment information (i.e., credit card/cash payment receipt) are required for all expenses.
- ÏÈ Forms should be submitted to the STP Office within 30 days of the date the expenses are incurred.

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____

To: _____ 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: _____