

Travel Expense Reimbursement Form

NON U.S.A. Participants

Travel expense reimbursement applies only to invited academic participants

*Please read before submitting request: Receipts should be submitted in PDF format. **Do not include JPG or PNG formatted documents. These can be scanned and saved as PDF. If submitting by mail, original receipts are not needed, copies are acceptable. Receipts not in English, must indicate the expense represented by the receipt (ground transportation, airfare, etc.).***

ISAPP does not reimburse the following:

- Rental cars
- Transportation/Mileage to and from departure airport
- Food or drinks not part of the conference (*Including those incurred during travel*)
- Parking at your departure airport
- Upgraded accommodations
- All costs related to accompanying guest(s)

A - Documents: The following items must be included to receive reimbursement:

***Indicates Required Field**

1. For airmfares not purchased through ISAPP:

Receipt/Evidence **indicating** purchase price (**Do not include: Extraneous documentation or Boarding Passes. They are not necessary and do not constitute evidence of purchase.**)

Copy of airfare quote obtained from ISAPP (*Received at least 2 months before the conference*).

2. Ground Transportation (If public transportation was used):

a. Payment receipt from the conference airport to the meeting venue and back.

B - Reimbursement: Please complete the following information (Type or print for legibility purposes)

Amount(s) Requested Must Match Receipts Attached:

Airfare (*Not Purchased Through ISAPP*):

Public Ground Transportation - From Conference Airport (*Taxi, Uber, Lyft, etc*):

Private Ground Transportation (Driving Own Car) Mileage:

(Reimbursable amount will be determined based on USA mileage rate and should _____
not exceed cost of an economy roundtrip air fare -**To be added by ISAPP**)

Enter Total Mileage Driven: _____

Total Requested (*Before Mileage , if Applicable*): _____

Total Reimbursed (*After Mileage, if Applicable*) _____

C - Payment Information (Type or print for legibility purposes) (*If check is preferred, please select USA Participant Form. Please be aware check will be issued in US Dollars*)

Wire Transfer: Non U.S. Reimbursements Only:

*Account Beneficiary/Name: _____

*Beneficiary Street Address: _____

*Account Number: _____

*SWIFT Code: _____

*IBAN Code: _____

*Bank Name: _____

*Bank Address (No PO Box): _____

*Preferred Currency: _____

Print Name: _____ Email: _____

(By printing your name above, you affirm that all information above is correct and that you understand the terms of ISAPP's reimbursement guidelines)

D - Form submission

By Email (preferred): Marion Vinck marion@isappscience.org

By Mail: ISAPP, 3230 Arena Boulevard, Suite 245-172, Sacramento, CA 95834