

Travel Expense Reimbursement Form Non USA Participants

For Invited Academic Participants Only

Please read before submitting request:

1. Receipts should be submitted in PDF format. **Do not include JPG or PNG** documents. These can be scanned and saved as PDF.
2. If submitted by mail, original receipts are not needed, copies are acceptable.
3. If the receipts are not in English, please identify the expense represented by the receipt.
4. ISAPP **does not** reimburse the following:

<ul style="list-style-type: none"> ❖ Rental cars ❖ Transportation/Mileage to and from departure airport ❖ Food or drinks not part of the conference <i>(Including those incurred during travel)</i> 	<ul style="list-style-type: none"> ❖ 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:

1. Airfares not purchased through ISAPP:
 - ❖ Receipt/evidence indicating purchase price *(Do not include extraneous documentation. Do not include Boarding Passes in lieu of purchase receipt. This does not necessarily constitute evidence of purchase.)*
 - ❖ Copy of airfare quote obtained from ISAPP *(Received at least 2 months before the conference).*
2. Ground Transportation (If Applicable):
 - ❖ Payment receipt/evidence 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:

- ❖ Airfare Amount *(Not Purchased Through ISAPP):* _____
- ❖ Public Ground Transportation - From Conference Airport *(Taxi, Uber, Lyft, etc):* _____

Total Requested: _____

C - Payment Information - Payment will be sent via bank wire *(Type or print for legibility purposes)*

Preferred Currency for Payment: _____

Account Holder: _____

Account Holder Address: _____

SWIFT Code *(If Applicable):* _____

IBAN Code *(If Applicable):* _____

TIN/Routing Number *(If Applicable):* _____

Bank Name: _____

Bank Street Address: _____

Type/Print Name: _____ Email: _____

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

D – Submission:

By Email (preferred method): MaryAnne P. Bobrow - maryanne@bobrowassociates.com

By Mail: ISAPP, 6060 Sunrise Vista Drive, Suite 3350, Citrus Heights, CA 95610