



# The American Association of Physics Teachers

## Travel Expense Reimbursement

(See Instructions on Reverse Side)

|                                                                                                                            |                                             |
|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| NAME _____                                                                                                                 | DATE _____                                  |
| MAIL CHECK TO (Address) _____                                                                                              |                                             |
| EMAIL _____                                                                                                                | DAYTIME PHONE (____) _____ FAX (____) _____ |
| PURPOSE OF TRAVEL (Be specific, include person and/or organization visited and reason for visit or meeting attended) _____ |                                             |
| _____                                                                                                                      |                                             |

| ITINERARY (*Only original receipts accepted) |                                             |       |       |       |       |       |       |       |            |
|----------------------------------------------|---------------------------------------------|-------|-------|-------|-------|-------|-------|-------|------------|
| ORIGIN                                       |                                             | FROM  | FROM  | FROM  | FROM  | FROM  | FROM  | FROM  | ITEM TOTAL |
| DESTINATION                                  |                                             | TO    | TO    | TO    | TO    | TO    | TO    | TO    |            |
| ITEM NO.                                     | DESCRIPTION OF ITEM                         | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  | DATE  |            |
| 1                                            | PERSONAL AUTO MILEAGE (DAILY) (MILES x .72) | _____ | _____ | _____ | _____ | _____ | _____ | _____ |            |
| 2                                            | FARE*<br>____ AIR ____ RAIL                 |       |       |       |       |       |       |       |            |
| 3                                            | CAR RENTAL*                                 |       |       |       |       |       |       |       |            |
| 4                                            | PARKING/TOLLS*                              |       |       |       |       |       |       |       |            |
| 5                                            | CAB FARES*                                  |       |       |       |       |       |       |       |            |
| 6                                            | LODGING*                                    |       |       |       |       |       |       |       |            |
| 7                                            | MEALS                                       |       |       |       |       |       |       |       |            |
| 8                                            | TELEPHONE*                                  |       |       |       |       |       |       |       |            |
| 9                                            | MISC. ITEMS*                                |       |       |       |       |       |       |       |            |
| TOTALS                                       |                                             |       |       |       |       |       |       |       |            |

| ACCOUNTING USE ONLY |               |                         |             |               |                         |
|---------------------|---------------|-------------------------|-------------|---------------|-------------------------|
| COST CENTER         | GENERAL ACCT# | LEDGER DISTRIBUTION AMT | COST CENTER | GENERAL ACCT# | LEDGER DISTRIBUTION AMT |
|                     |               |                         |             |               |                         |
|                     |               |                         |             |               |                         |
|                     |               |                         |             |               |                         |

|                                                                                                                                          |            |
|------------------------------------------------------------------------------------------------------------------------------------------|------------|
| I certify that the above charges, incurred by me, are correct and proper and are not claimed to any other institution for reimbursement. |            |
| Claimant's Signature _____                                                                                                               | Date _____ |
| Approved by _____                                                                                                                        | Date _____ |

| AMOUNTS TO BE ACCOUNTED FOR:      |                                       |
|-----------------------------------|---------------------------------------|
| Total Expenses (+)                | \$ _____                              |
| Cash Advance (-)                  | \$ _____                              |
| AAPT Prepayment (-)               | \$ _____                              |
| Balance (+ or -)                  | \$ _____                              |
| <input type="checkbox"/> Due AAPT | <input type="checkbox"/> Due Claimant |

## AAPT Travel Policy:

Expense claims for authorized travel expenses must be submitted to AAPT, [accounts.payable@aapt.org](mailto:accounts.payable@aapt.org), no later than 30 days after the end of the trip or the date the expense occurred. In addition to the following restrictions, reimbursements for an item may not exceed the amount actually expended by the traveler. The purpose of travel must be stated on the form.

1. Travelers are in travel status when traveling more than 50 miles away from their normal duty station. Travelers not in travel status (local area) are not eligible for per diem.
2. ORIGINAL RECEIPTS are required for reimbursement - faxed, scans or photocopies are acceptable. You will need to supply a detailed receipt for all expenses. Credit card statements are not acceptable. Reimbursement is only made AFTER the event.
3. Travelers must stay at the official AAPT conference hotel (if applicable) in order to be reimbursed. If there is no conference hotel, lodging at other hotels or rent by owner is permitted, but reimbursement will not exceed the posted GSA lodging rate for the date and location of the event. In the latter case, a copy of the posted GSA rate must be included with the request for reimbursement.
4. Parking fees at airports and hotels are reimbursable when the use of a private automobile is necessary and economical.
5. Travel by private automobile for distances up to 400 miles each way will be compensated at the current federal mileage rate or the lowest available airfare, whichever is lower. Documentation of airfare is required at the time of the reimbursement request. Carpooling to save funds is encouraged, in which case federal mileage may be paid to the car owner even for distances of more than 400 miles. In this case, passengers' names should be attached to the Travel Expense Reimbursement form. Road and bridge tolls will be reimbursed if original receipts are submitted. For reimbursement of mileage, a screenshot of google maps documenting the route is required.
6. Actual costs of travel between cities by public transportation or private commercial carrier will be reimbursed up to a maximum equal to the lowest available coach airfare. Public transportation includes air, train, and long-distance bus.
7. All air travel must use U.S. Flag carriers or code-share flights in compliance with the Fly America Act. Tickets/receipts must include a U.S. carrier designator code. Only exceptions that meet the requirements of the Fly America Act will be approved. To request an exception, contact the Executive Office before booking travel to provide documentation as described in the Fly America Act. Reimbursement for baggage fees is limited to one checked bag. There is no reimbursement for excess weight baggage.
8. The cost of ride shares, taxis, and shuttles is reimbursable on arrival and departure days between the airport or station and place of workshop/event. The reimbursable amount cannot exceed the cost of taxi fare, and tip is limited to 20%.
9. The costs of rental cars are not reimbursable unless their use is authorized in advance by the AAPT Executive Office. An individual who elects to use a rental vehicle without prior approval from the Executive Office may receive mileage reimbursement as limited in #5 above. In such cases, any rental charges in excess of the federal mileage rate will be the responsibility of the traveler. Car rental insurance is not reimbursable.
10. Costs of meals including tip will be reimbursed to a maximum of the posted GSA rate. Per diem for the first and last day of travel is limited to 75% of the posted GSA rate. If one or more meals are provided by any source, no reimbursement will be provided for those meals. Alcoholic beverages are not reimbursable. If you request per diem, a copy of the posted GSA per diem rates for the location and dates of the event must be included with the request for reimbursement. Tip is limited to 20% of the pretax amount.
11. Telephone calls and internet access charges may be reimbursed only if they were made to expedite business. Justification must be provided. Personal phone calls and charges for internet access, even if they appear on hotel receipts, will not be reimbursed.
12. International travel is only permitted by approval of the AAPT Executive Office and is subject to the Fly America Act and other government regulations.
13. The following are not reimbursable: use of personal vouchers, airline points, and coupons; fines and fees for traffic violations; fees for TSA precheck and Global Entry; travel insurance; tips for hotel staff. If the traveler changes or cancels travel for personal reasons, the traveler is responsible for all costs associated with change or cancellation.