

**without receipts will not be honored.** Receipts are detailed documents issued by the vendor; credit card statements are not acceptable. Eligible expenses will only be reimbursed after the conclusion of the meeting. **All expense reimbursement requests should be submitted by August 28, 2020.**

3. **Airfare will be reimbursed at the lowest possible rate (coach class) and must be purchased at the time of travel.** Lowest airfares may require stopovers. Upgrades will not be reimbursed and are at the discretion and expense of the traveler. Expenses associated with changing travel arrangements after the initial reservations have been made will not be reimbursed unless the change is a result of program rescheduling. Reimbursement for airfare, including baggage fees, will be limited to a maximum of \$750. If travel does not originate from the award recipient's city of employment, the AAI Office must be notified in advance. Any other .ncny tfh other-1.5eT ( ot)5.618 (m)4m-1.5T ( ot)5.nybui7thei61.5 (c2ot)5.6O(i61.5 a)7 7 ( a)7 (dv)12.3
4. Reasonable expenses for ground transportation (cabs, buses, shuttles, etc.) associated with the activity will be reimbursed to the



The American Association of Immunologists, Inc.  
 2020 TRAVEL EXPENSE REIMBURSEMENT REQUEST  
 IMMUNOLOGY 2020™  
 AAI Travel Awards

Name of Awardee: \_\_\_\_\_ Date: \_\_\_\_\_

Award: \_\_\_\_\_

Make award reimbursement check payable to\*: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*If check is payable to awardee, signature of department chair (or, for trainees, advisor) is required below.

Please 1) furnish all of the information requested below, 2) scan receipts supporting the totals entered below and attach the digital copies to this request, and 3) sign the request.

Date and hour of trip departure: \_\_\_\_\_ Date and bur of return: \_\_\_\_\_

Transportation to destination city

Date	From (city & state)	To (city & state)	Specify (airplane, train, bus, auto)	Auto mileage	\$ Amount (auto at \$0.50 per mile)

Total other transportation (taxi, bus) \_\_\_\_\_

Total lodging expenses (not including meals) \_\_\_\_\_

Other specifically authorized expenses (meeting registration, abstract fee) \_\_\_\_\_

I certify that the above charges, incurred by me, are correct and proper. TOTAL \$ \_\_\_\_\_

Claimant signature \_\_\_\_\_

\*If check is payable to awardee, signature of department chair (or, for trainees, advisor) is required:

I hereby certify that the claimant is not being reimbursed for these expenses by my department or institution.

Print Name of Department Chair/Dean [Advisor (for trainees)] \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Office Phone \_\_\_\_\_

AAI appreciates your participation and efforts to contain costs.

Log in to your AAI profile at <https://account.aai.org/login.htm> to submit a PDF of your completed reimbursement form with receipts. Requests will be accepted from May 26, 2020 to August 28, 2020. AAI will not accept materials sent through regular mail or by email.