

3. Expenses will be reimbursed upon the presentation of properly prepared reimbursement requests signed by the claimant and approved by the AAI Executive Office. All expense reimbursement requests must be accompanied by receipts. Requests 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
4. Airfare will be reimbursed at the lowest possible excursion rate (economy class) and must be at an advanced purchase rate or equivalent. Limits for airfare are based on the circumstances of the travel and economy class/standard airfares offered 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 limited to a maximum of \$500. If travel



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 hour of return: _____

Transportation to destination city:

Date	From (city & state)	To (city & state)	Specify (airplane, train, bus, auto)	Auto mileage	\$ Amount (auto at \$0.58 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 this 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.