



American Association of Neurological Surgeons

Expense Voucher

Send to:

American Association of Neurosurgeons
5550 Meadowbrook Drive, Rolling Meadows, Illinois 60008

Attention: Rebecca Calloway-Blyth

Date _____
 Name _____ S.S. or Tax ID # _____
 Address _____

 City, State and Zip _____
 Office Phone _____
 Meeting/Function Attended: _____

Date						Total
Airfare						
Taxi-Limo						
Auto (parking & tolls)						
Mileage Driven auto calc. (.555/mile)						
Hotel (2 nights)						
The CSNS will reimburse your round-trip non-refundable coach ticket, ground transportation to/from the airport, and a 2 night hotel stay only. All other incidental charges are your responsibility.						
Total (by day)						

Grand Total

- Vouchers should be submitted within 10 days following a reimbursable expenditure.
- The Association does not pay a per diem. Expenses must be itemized.
- Air travel reimbursed at coach airfare rate. Rental car reimbursement not to exceed personal automobile rates.
- Supporting documents for all expenses should be attached, however, it is mandatory that receipts for expenses \$25 or greater be attached.

Original receipts only- photocopies not acceptable.

Reimbursement is limited to actual expenses incurred for reasonably priced or AANS arranged housing; inter-city and ground transportation; other expenses, such as meals, and gratuities. Expenses for a spouse and personal needs are excluded from reimbursement.

Transportation includes regularly scheduled commercial coach airfare or equivalent, and necessary taxi or limo ground transportation.

Transportation by personal automobile or rental car will be reimbursed at the current I.R.S. rate (55.5 cents per mile as of 7/01/11).

Original receipts and supporting documents for each expense in excess of \$25 are required. Photocopies are not acceptable.

If you accumulate reimbursed expenses in excess of \$600, which are not substantiated by original receipts during any given calendar year, the AANS will be required to file a Form 1099 with the Internal Revenue Service.

I hereby attest that the above expenses are valid and in accordance with AANS Policy.

Signature

ALLOCATION/ACCOUNT CODES

FOR OFFICE USE:
Approval _____
Date _____

