

**Genetic Alliance Reimbursement Form\***

**Reason for Reimbursement** \_\_\_\_\_

Name: \_\_\_\_\_

Dates: \_\_\_\_\_

**TRAVEL**

**TAXI\*\*** (Rental Cars Not Accepted) --

Airport/Station to Hotel \$ \_\_\_\_\_

Hotel to Airport/Station \$ \_\_\_\_\_

**AIRFARE\*\*** (Economy) \$ \_\_\_\_\_

**TRAIN\*\*** (Coach) \$ \_\_\_\_\_

***PERSONAL CAR --***

Automobile \_\_\_\_\_ miles @ \$0.585/mi. \$ \_\_\_\_\_

(Include copy of MapQuest directions and mileage)

Parking \$ \_\_\_\_\_

**Subtotal Travel Expenses** \$ \_\_\_\_\_

**ACCOMMODATIONS**

**HOTEL \*\*\*** \$ \_\_\_\_\_

**TOTAL AMOUNT OF REIMBURSEMENT REQUESTED** \$ \_\_\_\_\_

**PLEASE COMPLETE:**

Check Payable to: \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\* Any expenses that are thought of as “unreasonable” by Genetic Alliance will not be reimbursed.

\*\* Reimbursements will not be given for upgrades in ground or air transportation.

\*\*\* Hotel accommodation reimbursements are based on a standard single room rates.