Expense Voucher

MUCOSAL IMMUNOLOGY Please email completed form and receipts to: info@socmucimm.org

SMI Reimbursement Policy

• Electronic vouchers and scanned receipts are acceptable.

SOCIETY FOR

- All receipts submitted *must* be itemized.
- Expenses are reimbursable only for the intended individual or institution.
- Only one reimbursement may be claimed per person per meeting.
- SMI reimburses coach-class travel booked at least 14 days in advance.
- Lodging is only reimbursable for stay(s) at headquarter hotel.
- If a receipt states expenses for more than one person, the individual must indicate his or her portion of the bill.

Reimbursement via (select one):
check
wire (\$40 fee applies, see section below)

Reimbursement payable to (select one):
_ you
_ your organization: ____

Name:					
Mailing Address:					
City:		State/Province:		_ Zip/Postal Code:	
Country:	Telephone:		Email:		
				Exchange	

DATE (MM/DD)	DESCRIPTION	COMMENTS	AMOUNT	CURRENCY	Exchange Rate (Office Use Only)	AMOUNT IN USD (Office Use Only)
Total					Total in USD	

Please only complete this section to receive reimbursement via wire transfer. Note: A \$40 bank fee will be assessed.

Bank Account #	Swift code
Name on Account	IBAN
Bank Name	Bank Address

Please retain a copy of this form and copies of all receipts for your files.

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