

**Associated Builders and Contractors, Inc.
Member Travel Reimbursement Request Form**

In accordance with the ABC Financial Policy on Committee and Board Travel as outlined in the ABC Policy & Procedures Manual, all requests for reimbursement must be submitted by completing this form and sent together with copies of original receipts within 90 days of the relevant meeting.

Committee travel expenses will not be reimbursed for meetings held in conjunction with the 1st board meeting of the calendar year. The typical budget contemplates reimbursing National Committee members for 2 meetings per calendar year.

Complete the following information:

Member Name:	<input type="text"/>	Chapter:	<input type="text"/>
Company:	<input type="text"/>	Region:	<input type="text"/>
Address:	<input type="text"/>	Email:	<input type="text"/>
City, State, Zip:	<input type="text"/>	Phone:	<input type="text"/>

Reason for expense: *Committee(s) for which the expense was incurred.*

<input type="text"/>	Date(s):	<input type="text"/>
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Expenses:

Upon request, Committee members shall be reimbursed for travel at the cost of one round-trip coach or "lowest possible" airfare. In lieu of airfare, expense reimbursement is available for such alternative transportation costs as rental car and gas, mileage on a personal vehicle or railway ticket which aggregate expense does not exceed the cost of one round-trip airfare. Miscellaneous expenses like food, baggage fees, airport or hotel parking or taxi service are not eligible for reimbursement. Members may also request reimbursement for the cost of a single room for one night not to exceed the rate negotiated by the Association with the event hotel. Under certain circumstances, including but not limited to long distance travel or if a member is required to attend multiple meetings on different days, up to two nights will be reimbursed.

Hotel room & tax:	<input type="text"/>	(attach receipt)	Travel type (air, rail, etc.):	<input type="text"/>
Travel:	<input type="text"/>	(attach receipt)		
Total:	<input type="text"/>			

Make check payable to:	<input type="text"/>
Address (if different from above):	<input type="text"/>
City, State, Zip:	<input type="text"/>
Attention:	<input type="text"/>

Form Completed by:	<input type="text"/>		
Email:	<input type="text"/>	Phone:	<input type="text"/>

Send the completed form and receipts to:

Email: reimbursements@abc.org (Members may email scanned copies of their receipts with their form to this address)

Mail: Associated Builders & Contractors
Attn: Kim Greene
440 First St, NW, Ste 200
Washington, DC 20001

For questions, call Kim Greene: 202-595-1327

ABC National Use Only:
Date Received:
Category:
Account:
Initial: