

# Reimbursement & Fee Request Form

## ATMAE Accreditation Consultants



Please complete this form. Submit it to the ATMAE office for approval.

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

(use same address as IRS records) \_\_\_\_\_

Social Security # (required) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Institution Visited: \_\_\_\_\_

Date of Consultant Visit: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

A) Days On-Site \_\_\_\_\_ (1/2 day = Full Day)

B) Days to Write Report (Up to One Day for Each Day On-site) \_\_\_\_\_ (You may claim less days at your discretion.)

**Total Consultant Days Claimed:** (A+B) \_\_\_\_\_ X \$400 / day = **Total Consultant Fee** = \_\_\_\_\_

### Expense Reimbursement (Receipts or other documentation required):

#### Transportation Expense:

Personal Vehicle, \_\_\_\_\_ miles @ \$0.54 (as of 01/01/2016) \_\_\_\_\_

Transportation, other than personal vehicle (attach receipts) \_\_\_\_\_

Fuel (Rental Car only) \_\_\_\_\_

Taxi or limousine service (attach receipts) \_\_\_\_\_

Parking (attach receipts) \_\_\_\_\_

Other (specify and attach receipts) \_\_\_\_\_

#### Lodging Expense:

Hotel/motel expenses (attach receipts) \_\_\_\_\_

Other (specify and attach receipts) \_\_\_\_\_

#### Food Expense:

Meals (attach receipts) \_\_\_\_\_

Other (attach receipts) \_\_\_\_\_

#### Other Expenses:

(Specify and attach receipts) \_\_\_\_\_

**TOTAL CONSULTANT EXPENSES TO BE REIMBURSED:** \$ \_\_\_\_\_

**TOTAL CONSULTANT FEE:** \$ \_\_\_\_\_

**TOTAL CONSULTANT PAYMENT REQUESTED:** \$ \_\_\_\_\_

Consultant Signature: \_\_\_\_\_

Date: \_\_\_\_\_