

AMERICAN COLLEGE OF RHEUMATOLOGY

2011 FELLOWS-IN-TRAINING ANNUAL SCIENTIFIC MEETING

INSTRUCTIONS:

1. Return this form **within 30 days** of meeting.
2. ATTACH COPY OF ALL **ORIGINAL RECEIPTS**.
3. Sign form and confirm mailing address for check.

NAME: _____
MAIL CHECK TO:

Return to:
Holly Vanager-Crummell
American College of Rheumatology
2200 Lake Boulevard NE
Atlanta, Georgia 30319

NOTE: Auto mileage will be reimbursed up to the cost of coach airfare.

ORIGINAL RECEIPTS ARE REQUIRED FOR REIMBURSEMENT

Please **do not** bring this form to the Annual Scientific Meeting. All forms must be mailed.
Reimbursement forms will be processed after November 15th, 2011

Meeting Attended: 2011 Annual Scientific Meeting - Chicago, IL						
DATES:	11/____/11	11/____/11	11/____/11	11/____/11	11/____/11	TOTALS
1. TRANSFERS (taxi, limo, bus) – <i>applies to local Chicago attendees only</i>						
2. AIRFARE- <i>up to the best available discounted fare</i>						
3. HOTEL – (the maximum allowable reimbursement is \$706.85)						
4. MILEAGE (\$.55 per mile) - <i>up to the best available discounted fare</i>						
TOTAL REIMBURSABLE EXPENSES						

Your Signature: _____

ACR Signature: _____

Account Code: **6652-09-00-915**

FOR ACCOUNTING USE ONLY