AMERICAN CHEMICAL SOCIETY REIMBURSEMENT OF COUNCILOR TRAVEL EXPENSES

Instructions for Councilors:

Within three weeks after the National Meeting the Councilor (Alternate Councilor or Temporary Substitute Councilor) should complete Part A of the form and submit the necessary documentation to the local section or division treasurer, (e.g., airline receipts, rail ticket receipts, hotel bills, registration fee, and explanations for amounts under $25 without accompanying receipts). Please retain a copy for your records. Councilors may receive reimbursement only if they attended the Council meeting.

NAME___________________________________________

ADDRESS______________________________________

LOCAL SECTION OR DIVISION______________________

Instructions for Treasurer:

Subsequent to the National Meeting (within three weeks), the Councilor (Alternate Councilor or Temporary Substitute Councilor) should complete Part A of this form and submit it to the local section or division treasurer for payment. The Treasurer must then, within five weeks after the meeting complete Part B of the form and submit it with the necessary documentation (e.g., airline receipts, rail ticket receipts, hotel bills, registration fee, and explanations for amounts under $25 without accompanying receipts) to the ACS Secretary for reimbursement of the National Society’s share of the cost. Please retain a copy for your records.

Mail Original to:
Office of the Secretary
American Chemical Society
1155 16th Street, N.W.
Room 424
Washington, D.C. 20036

or

Submit electronically to:
secretary@acs.org

PART A

TO BE COMPLETED BY COUNCILOR, ALTERNATE COUNCILOR OR TEMPORARY SUBSTITUTE COUNCILOR)

Name___________________________________________

ADDRESS______________________________________

LOCAL SECTION OR DIVISION______________________

I attended the Council meeting, and request that my travel expenses be reimbursed to the extent possible under the Councilor Travel Reimbursement Program.

________________________________________________
Signature

PART B

( TO BE COMPLETED BY TREASURER)

REIMBURSEMENT PAID TO COUNCILOR

AMOUNT$_________ DATE_________ CHECK/EFT#_________

TREASURER’S NAME______________________________________

ADDRESS______________________________________

PHONE______________________________________

SIGNATURE OF TREASURER DATE