**PART A**

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

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

Signature

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Section or Division\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART B**

*(TO BE COMPLETED BY TREASURER)*

Amount$\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_Check/EFT#\_\_\_\_\_\_\_\_\_

Reimbursement Paid to Councilor

Within three weeks after the National Meeting the Councilor (Alternate Councilor or Temporary Substitute Councilor) should complete Part A of this 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.

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 submit the Councilor Travel Reimbursement Voucher (excel) along with this form, and with the necessary documentation to the ACS Secretary for reimbursement (form sent under separate cover to all Treasurers).

**AMERICAN CHEMICAL SOCIETY REIMBURSEMENT OF COUNCILOR TRAVEL EXPENSES**

Instructions for Councilors:

Instructions for Treasurer:

Meeting Location: Philadelphia, Pennsylvania

Form to be submitted with payment voucher

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Treasurer Date



**DEADLINE DATE FOR SUBMISSION TO ACS SECRETARY: April 29, 2020**

**(RECEIPTS SHOULD BE PLACED ON BLANK SHEETS OF PAPER WITH TAPE, NO STAPLES)**



--­