

Expense Reimbursement Form

Please email completed form and receipts to info@focisnet.org

Request must be received within 90 days after conclusion of meeting.

FOCIS Travel Award Reimbursement Policy

- Electronic vouchers and scanned receipts are acceptable.
- All receipts submitted must be itemized

-Select-

-Select-

- Expenses are reimbursable only for the intended individual or institution.
- Only one reimbursement may be claimed per person per meeting
- FOCIS reimburses coach-class travel booked at least 14 days in advance.

Reimbursement via (select one): ■ check □ wire (\$40 fee applies, see section below)

- Lodging is only reimbursable for stay(s) at headquarter hotel
- If a receipt states expenses for more than one person, the individual must indicate his or her portion of the bill.
- Daily meal costs may not exceed \$74.00 per the current U.S. General Services Administration per diem rates.
- Poster printing and registration are not reimbursable expenses

R	eimbursemen	t payable to (select one):	■ you □ your organization:				
Ν	_{ame:} John	Smith					
N	lailing Addres	_{s:} 123 N. Exampl	le Street				
City: Menomonee Falls			024 0074 020		Zip/Postal Code: 53051		
1500				Email: john@company.com			
	DATE (MM/DD)	DESCRIPTION	COMMENTS	AMOUNT	CURRENCY	Exchange Rate (Office Use Only)	AMOUNT II USD (Office Use Only)
	06/19/2022	Lodging	Hotel	1,532.76	USD		\$ 0.00
	06/19/2022	Air Transportation	Flight	1,158.60	USD		\$ 0.00
	06/19/2022	Ground Transportation	Uber from Hotel	47.34	USD		\$ 0.00
	06/23/2022	Meals	6/23 Meals	31.98	USD		\$ 0.00
		-Select-					\$ 0.00
		-Select-					\$ 0.00

Please only complete this section to receive reimbursement via wire transfer. Note: A \$40 bank fee will be assessed.					
Bank Account #	Swift code				
Name on Account	IBAN				
Bank Name	Bank Address				

Total 2,770.68

\$ 0.00

\$ 0.00

\$ 0.00

Total in USD

Please retain a copy of this form and copies of all receipts for your files.

Federation of Clinical Immunology Societies • N83 W13410 Leon Road • Menomonee Falls, WI 53051

EXAMPLE REIMBURSEMENT FORM

- Review Travel Award Reimbursement Policy (gray box) before completing the form
- Be sure all contact information completed
 - Checks can be sent directly to organizations or individuals
- Expenses can be grouped
 - i.e. Meals for all one day rather than each meal separately
- Do not enter exchange rates or final amounts in USD these will be completed by the FOCIS office
- Please only complete the wire information section if receiving your reimbursement via wire transfer

Note - Reimbursement awards are distributed in variable amounts and may not always be equal to the total dollar value submitted. If you are unsure your travel award amount, please contact info@focisnet.org.



TO BE SETTLED TO: VISA

SAN FRANCISCO MARRIOTT MARQUIS

GUEST FOLIO

1234 ROOM QG TYPE 1234		I OF CLINICAL Y SOCIETIES	329 RATE	9.00 06/25/22 E DEPART 06/21/22 ARRIVE	11:00 TIME 13:00 TIME	1234 ACCT#	56789 GROUP
ROOM CLERK	ADDRESS		PAYI	MENT		MBV#:	XXXXX2340
DATE	RI	FERENCES		CHARGES	CREDITS	BALANCES	DUE
06/21 06/21 06/21 06/21 06/22 06/22 06/22 06/23 06/23 06/23 06/23 06/23 06/24 06/24 06/24	ROOM ROOM TAX CA TRSM SF TRSM ROOM TAX CA TRSM SF TRSM ROOM TAX CA TRSM SF TRSM ROOM TAX CA TRSM SF TRSM ROOM TAX CA TRSM SF TRSM	4011, 1 4011, 1		329.00 46.06 .73 7.40 329.00 46.06 .73 7.40 329.00 46.06 .73 7.40 329.00 46.06 .73 7.40	\$1532.76		

THANK YOU FOR CHOOSING MARRIOTT! FOR BILLING QUESTIONS PLEASE CONTACT MARRIOTT BUSINESS SERVICES AT 866.435.7627 OR EMAIL MBS.FOLIO@MARRIOTT.COM

CURRENT BALANCE .00

See our "Privacy & Cookie Statement" on Marriott.com

Your Marriott Bonvoy points/miles earned on your eligible earnings will be credited to your account. Check your Marriott Bonvoy Account Statement for updated activity. See members.marriott.com for new Marriott Bonvoy benefits.



SAN FRANCISCO MARRIOTT MARQUIS 780 MISSION STREET SAN FRANCISCO CA 94103

Treat yourself to the comfort of Marriott Hotels in your home. Visit ShopMarriott.com.

This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amounts shown in the credit column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after check-out, you will owe us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Hotel Expenses

- Expenses only reimbursable for stays at the FOCIS Annual Meeting Headquarter Hotel
- An itemized receipt showing the following is required:
 - Hotel Name
 - Date(s) of stay
 - Room charges
 - Total charge
 - Payment information



Date of Purchase: Apr 07, 2022

Flight Receipt for New York-Kennedy, NY to San Francisco, CA

PASSENGER INFORMATION

JOHN SMITH
SkyMiles Number:

Confirmation Number: Ticket Number: 006215

FLIGHT INFORMATION

	t/Cabir
/N	
\$1,064.19) USD
¢F.C.) LICD
	USD
	USD
\$1,158.60) USD

KEY OF TERMS

- Arrival date different than departure date

** - Check-in required
***- Multiple meals

Applied ECredit (12345678910)

F - Food available for purchase

\$1,158.60

L - Lunch

LV - Departs

Air Transportation Expenses

- FOCIS only reimburses coach-class travel
- Air transportation must be booked at least 14 days in advance
- An itemized receipt showing the following is required:
 - Airline Name
 - Date(s) of flights
 - Departing and arriving airport
 - Total charge
 - Payment information

Uber June 21, 2022

Thanks for tipping, John

We hope you enjoyed your ride this afternoon.

Total	\$47.34
Trip Fare	\$28.73
Subtotal	\$28.73
Marketplace Fee	\$6.57
San Francisco City Tax	\$0.59
Temporary Fuel Surcharge	\$0.55
CA Driver Benefits	\$0.30
Tolls, Surcharges, and Fees	\$5.60
Tip	\$5.00
Payments	
Visa ••••1234	¢47.24
6/21/22 7:07 PM	\$47.34

Yourode with Aghlab

UberX 14.23 miles | 22

■ 6:35 PM | 480 Sutter St, San Francisco, CA 94108, US

6:57 PM | Terminal 3, San Francisco International Airport (SFO), San Francisco, CA 94128, US

Fare does not include fees that may be charged by your bank. Please contact your bank directly for inquiries.

Ground Transportation Expenses

- For rideshare or other transportation expenses, receipts must include:
 - Type of vehicle taken (UberX, black car, etc.)
 - Starting and ending destinations
 - A map showing the route taken is acceptable
 - Total fare cost
- For mileage expenses in a personal vehicle:
 - Mileage will be reimbursed at the government rate
 - A map of mileage must be included
 - Either mileage or gas receipts may be used, but not both
- For mileage expenses in a rented vehicle, rental fees and gas receipts may be submitted
 - Mileage cannot be submitted as well

Poke Origin

716 IRVING ST SAN FRANCISCO, CA 94112 4157026328

http://www.thepokeorigin.com

23-Jun-2022 9:08:20P Transaction 444131

1 Large Bowl

\$16.49

Avocado \$1.25

1 Large Bowl

\$16.49

Subtotal
San Francisco 8 625%

\$34.23

Total

\$37.18 \$5.58

CREDIT CARD AUTH MASTERCARD 1262 \$42.76

23-Jun-2022 9:08:27P \$42.76 | Method: SWIPED

MASTERCARD XXXXXXXXXXXXXX

JOHN SMITH

Reference ID: 217500744270 | Auth ID:

023508

MID: ******1886

AthNtwkNm: MASTERCARD

SIGNATURE VERIFIED

How are we doing? Text "vbcdhg" to 73752 to send us your feedback

**** Your Fortune Quote is: ****

If your desires are not extravagant, they will be rewarded.

TRADER JOE'S

10 Fourth Street San Francisco, CA 94103 Store #0225 - 415-536-7801 OPEN 8:00AM TO 9:00PM DAILY

SALE TRANSACTION

TARRAGON CHICKEN SALAD W	\$4.99
ALKALINE + ELECTROLYTES	\$0.67
Bottle Deposit	\$0.05
Total Bottle Deposit	\$0.05

Items in Transaction:2 Balance to pay MasterCard

PAYMENT CARD PURCHASE TRANSACTION CUSTOMER COPY

MASTERCARD	*******			
Type: CONTACTLESS MID: ******27013	Auth Code: 02322 TTD: ****600			
TOTAL PURCHASE	\$5.7	-		

No Cardholder Verification

Please retain for your records

M, Samson STORE TIL

TRANS. 202568



\$5.71 \$5.71

THANK YOU FOR SHOPPING AT TRADER JOE'S www.traderjoes.com

016

Meal Expenses

- Itemized receipts for all meal expenses must be included
 - This may require two receipts one showing itemized bill and another showing payment
- If a receipt is for multiple people, individual expenses must be noted
 - Only indicated expenses will be reimbursed
- An itemized receipt showing the following is required:
 - Merchant name
 - Date of purchase
 - Itemized list of purchases
 - Total charge
 - Payment information