



SOCIETY OF
**CARDIOVASCULAR
 ANESTHESIOLOGISTS**
 Knowledge • Care • Investigation

Volunteer Expense Report Form

Invoice Number: VER -

Name: _____ **Date:** _____

Street: _____ **Apt./Ste.:** _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Purpose: Fill in purpose here.

Date									Subtotal
Transportation (air, train, bus)									
Auto @ \$0.535 per mile (enter number of miles)									
Airport Parking									
Ground Transportation									
Lodging									
Breakfast									
Lunch									
Dinner									
Tips									
Baggage									
Other (specify below)									

Grand Total:

Other expenses:

Please note, other expenses will be reviewed by SCA staff for approval

Detail other expenses here, include date with each expense.

Paid receipts MUST be attached before reimbursement will be made. E-mail this form to the SCA Administrator and attach scanned copies of receipts. Save a copy for your records. A copy of the expense report will NOT be returned with the reimbursement.

I certify that these expenses were incurred by me in fulfilling my official, delegated SCA duties. Personal expenses have been excluded.

E-Signature:



POLICIES-INSTRUCTIONS FOR SCA EXPENSE REPORTING

1. All requests for reimbursement must be reported on an Expense Report and submitted to SCA headquarters within 90 days.
2. Receipts must be attached to Expense Report, and can be submitted electronically. Unverified expenditures will be deducted from total reimbursement.
3. Whenever practical, the most economical class and most direct route will be used for travel. Reservations for air travel must be made, when possible, sixty (60) days in advance of travel, but no later than twenty one (21) days in advance. The SCA is not responsible for airline change fees or cancellation charges. Reimbursement, when traveling by private car, will be at the rate paid in accordance with current federal guidelines (standard mileage rate). One checked bag will be covered.
4. Any incidental expense needs to be entered under the "Other" section. These will be reviewed by SCA staff and may or may not be approved.
5. A check will be mailed to the address you have entered at the top of the form.

If you need a wire transfer, please submit the following information to your SCA Staff Liaison:

- Bank name
- Bank address
- Bank contact information
- Bank account #
- ABA/Routing #
- Account name
- Swift code

6. SCA reimburses on the following schedule:

- **Airfare:** Non-refundable, 21 day advance coach restricted.
- **Ground Transportation:** Actual Expenses up to \$100 may include transportation to and from the airport at departure and destination, and parking at the airport where the flight originated. Taxi fare between the hotel and convention center, or any other destination other than the airport will not be reimbursed. Rental cars will be reimbursed only up to the average two-way taxi fare between the destination airport and the meeting headquarters hotel. Parking of rental cars will not be reimbursed. Copy of receipts required.
- **Mileage:** Reimbursable at the rate published by the US Internal Revenue Service up to a maximum of \$50.
- **Lodging:** Complimentary room block hotel room rate plus tax for days required to be at the meeting plus one for travel.
- **Daily Expenses:** The following items are reimbursable up to \$100 per day for days required to be at the meeting plus one for travel (based on actual expenses and receipts are required):
 - Meals
 - Tips
 - Baggage Fees (1 checked bag)