



2055 East Centennial Circle
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USA

480/752-6276
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ISM TRAVEL POLICIES AND PROCEDURES

Reimbursement Procedures

1. Complete the expense report on the reverse.
2. Attach original receipts of all expenditures over \$25 (taxis, hotel bills, airline stubs, meals, etc.)
3. Submit within twenty-one (21) business days of the meeting/travel date.
4. Expense reports for national meetings should be mailed directly to ISM Treasurer.

ISM Travel Policies

1. Expenses of a spouse/guest are not reimbursable unless prior approval is obtained from the Chief Executive Officer.
2. Air Travel - only the lowest published fares will be reimbursed; first class travel is not reimbursed. Early reservations are advised, as super-saver fares are reserved early.
ISM will pay interest on credit cards when that interest is for the advance purchase of airline tickets for authorized ISM travel.
3. Car Travel - Mileage rate: 48.5¢ per mile plus tolls and parking fees (keep receipts!). Reimbursement for extended car travel (including extra lodging and meals) will not exceed the lowest cost of airfare to that location.
4. Hospitality Rooms - ISM will not reimburse for these expenses.
5. Meeting Rooms - should be negotiated at no cost to ISM.
6. Food, Lodging - ISM will reimburse up to a combined total of \$160 per day for meals and lodging including all tax and tips when traveling on ISM approved business when properly presented to the ISM Treasurer on the form provided and with proper receipts.
7. Tips - keep to a minimum; generally, 15% for meals and taxis, less for other items.
8. Registration Fees - these are allowable expenses. Always note on your expense report what meals, materials, etc. were included in the registration fee.
9. Alcohol - cocktails, etc. are not reimbursed by ISM except under the following conditions:
 - ISM approved events may provide cocktails if the cost is included in the registration fees for that event.
 - The Chair or any member of the Board of Directors may provide cocktails at ISM expense where precedence or occasion, in their opinion, warrants it to avoid embarrassment to the Chair or the Board.
10. Telephone - necessary personal calls to home or office are allowed. Receipts should be kept whenever possible.
11. Miscellaneous - anything that does not fit the above; receipts must be provided!
12. Nonreimbursable items - the following items will not be reimbursed except by prior approval of the Chief Executive Officer.
 - personal purchases
 - travel insurance
 - baby-sitters
 - cocktails (See #9 above)
 - sightseeing trips or personal entertainment
 - personal auto repairs or accident deductible
 - barber/beauty parlor services
 - laundry/dry cleaning services (except on trips of five or more days)
 - kennel/boarding fees for pets
 - lost or stolen property
 - personal storage
 - house sitters
 - parking/traffic fines
 - rental car (prior approval required)

NAME: First _____ MI _____ Last _____

MAILING ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

TELEPHONE: (____) _____ Ext. _____ FAX: (____) _____

BUSINESS EMAIL ADDRESS: _____ HOME EMAIL ADDRESS: _____

ISM TITLE OR OFFICE _____ AFFILIATE/GROUP/FORUM _____

LOCATION OF TRIP	PURPOSE OR NAME & TITLE OF PERSON VISITED	MEETING DATES
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

SUPPLIER # _____

AP# _____

ITEM	SUN DATE	MON DATE	TUE DATE	WED DATE	THURS DATE	FRI DATE	SAT DATE	ITEM TOTAL
Transportation - airplane, railroad, or bus								\$
Personal automobile, TOTAL MILEAGE at 48.5¢ per mile	\$ _____ (____) miles	\$ _____ (____) miles	\$ _____ (____) miles	\$ _____ (____) miles	\$ _____ (____) miles	\$ _____ (____) miles	\$ _____ (____) miles	\$
Taxi/Parking/Airport transportation*								
Telephone/Fax/Internet Connection								
Daily Allowance \$160								
Breakfast *								
Tax/tip included								
Lunch *								
Tax/tip included								
Dinner *								
Tax/tip included								
Lodging								
Tax/tip included								
Registration Fees - See Item #8 on reverse								
Miscellaneous								
DAILY TOTALS								Weekly Total (Matches daily total)

* If payment includes other people, list their first and last names. Use second sheet if necessary.

LESS ADJUSTMENTS _____

AMOUNT DUE _____

NOTE: ORIGINAL RECEIPTS AND APPROVALS REQUIRED FOR ALL EXPENSES OVER \$25

Traveler's Signature _____ Date _____

APPROVALS: _____

ISM Officer _____ Date _____

ISM Office Use Only

G/L Account

Cost Center

Amount

Traveler's Comments