



1401 S. Clark St., Suite 1120
Arlington, VA 22202
Phone: 703-414-7870

**FELLOWS SYMPOSIUM
TRAVEL REIMBURSEMENT FORM**

Name:

Telephone:

Email in order to issue e-payments:

ASTS will reimburse you electronically via bill.com. You will receive an invitation from bill.com to create your account and enter your own banking information. If you have questions, please contact education@asts.org.

Original receipts **MUST** be submitted with this reimbursement form. Failure to properly include receipts may result in a processing delay. ASTS will reimburse up to \$700 for a coach airfare.

Item	Amount
Coach Airfare	\$
Other, please specify	\$
Total Due	\$

For internal audit use only:

For accounting use only:

Receipts attached	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Approval: _____
Budgeted item	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date: _____
Date Audited:			Account code #: _____