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MEMORANDUM

To: ATS Members and Staff
From: Stephen C. Crane, PhD, Executive Director
Re: Reimbursement Policy
Date: September 2009

Please find below the guidelines for reimbursement of expenses related to ATS travel and meetings. In advance I want to thank you for your prompt and thorough provision of all the requested information.

As you know, ATS is undergoing extraordinary financial pressures, which are likely to continue for the next several years. This situation makes it even more important that we try to manage and control expenditures whenever and wherever possible. The ATS reimbursement policies have been designed to be as fair as possible to all those who travel and work on behalf of ATS, while at the same time providing good stewardship for the dues dollars that are used to support our travel and meetings. As always, if you have any questions, please do not hesitate to contact me, and thank you for your service and contributions to the ATS.

If these guidelines are not followed, adjustments will be made by the Executive Office.

- Requests for reimbursement must be completed on the official ATS Travel Expense Reimbursement Report form attached. Please call or e-mail the appropriate committee staff if you do not have a form. Once completed, please submit the original signed form to ATS. We do not pay on e-mailed, photocopied or faxed copies.
- Original receipts for airline/train tickets (form labeled "Passenger Receipt") are required for each trip made, whether made through your travel agency or World Travel, the ATS travel agency. Reimbursement will be based upon coach airfare rates only. ATS will not be able to process your reimbursement report without these receipts. Please write airfare cost in the "Billed Directly to ATS" section of the form.
- Receipts are required for **all expenses of \$25.00 or greater**. Please attach to the form.
- All charges must be converted into US\$ before submitting your expenses to ATS. Please indicate conversion rate in the space provided on the form.
- ATS does not provide a per diem for business travel. However, you have the option to request reimbursement up to a certain limit for meals actually consumed. Meal guidelines to be used by committee members, invited guests, and staff are listed below:

Breakfast	\$11.00
Lunch	\$13.00
Dinner	\$39.00

61 Broadway, 4th/28th Floors
New York, NY 10006 - 2755
P. (212) 315 - 8600
F. (212) 315 - 6498
www.thoracic.org

ATS 2010 • International Conference • May 14 – 19 • New Orleans, Louisiana

- During 2009, mileage for use of your personal vehicle is reimbursed at the rate of 55.0¢ (cents) per mile.
- Rental of automobiles will not be permitted without prior approval from the Executive Office of ATS (212 315-8633). ATS will not reimburse members for any approved rentals which extend beyond the dates of a particular ATS meeting.
- Should you require a hotel other than the contracted ATS hotel, reimbursement will be based upon the amount ATS pays for rooms at the contracted hotel. If the meeting or function is held in a state where ATS is exempt from sales taxes, etc., use of other than the contracted hotel will mean that taxes charged by another hotel cannot be reimbursed.
- “In-room movie”, dry cleaning and laundry charges ***will not*** be reimbursed.
- **Expense forms for reimbursement are due in the ATS office no later than 60 days following a meeting/conference. Late transmittals will be treated as contributions to ATS. Please be prompt.**
- **Expenses for travel to Assembly or Committee meetings held during the International Conference will not be reimbursed for individuals who plan to participate in the International Conference.** ATS has long considered this conference to be the annual professional meeting for the majority of participants.

ATS gives priority to processing and payment of travel expense reimbursement reports, and will try to expedite reimbursements to you.

As you know, the ATS, Inc. is an independent 501(c)(3) organization, tax exempt in the USA. Your efforts to limit meeting and travel expenses will help to increase funds available for support of ATS projects.

Your cooperation will be deeply appreciated. Please do not hesitate to call/email me (212) 315-6487, scrane@thoracic.org) or Matthew Reid, Senior Manager of Business Affairs, (212) 315-8676, mreid@thoracic.org) with any questions you may have.

Thank you.

cc: Carl Aloï
Matthew Reid
Nicole Anthony

ATS Member/Other Parties Travel Expense Reimbursement Report

Send to: AMERICAN THORACIC SOCIETY, 61 Broadway, 4th Fl, New York, NY 10006
 Attention: _____ Department: _____ Project Code No. _____



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NAME (Print): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTRY: _____

CHECK PAYABLE TO: _____

Notes:

1. Completed vouchers should be received by ATS within 60 DAYS of incurring the expense. Late transmittals will be treated as contributions to the ATS.
2. Please attach ORIGINAL receipts for all disbursements over \$25 - reimbursements will not be processed without this documentation!
3. Please also refer to PAGE 2 of this document and complete it if appropriate.

Billed directly to ATS: Transportation \$ _____ (attach ticket receipt) Accommodation \$ _____ (attach bill) Other \$ _____ (attach receipts over \$25.00)
 (insert amount billed)

		Expenses Claimed								
		For Staff Use: / / / 5280 /	/ / / 5282 /	/ / / 5284 /	/ / / 5286 /	/ / / 5288 /				
Date	Meeting Location	Meeting Name Name of Assembly, Committee Council, Conference etc	Airfares	Ground Transport taxi, car, train, mileage, parking (include all related tips)	Accommodation (include all related tips)	Meals (include all related tips) Breakfast Lunch Dinner			Other telephone, postage, misc tips etc. (explain on page 2)	Total
TOTALS:			\$	\$	\$	\$			\$	\$

↑ TOTAL EXPENSES ↑

Please consider \$ _____ of the amount claimed above as a contribution to **The Foundation of the ATS** and send me a receipt. Balance to be paid to me is \$ _____ . 10/00/00/1815/0000

My gift should be used for (please check one): Research Clinical Training Education / MECOR Assembly (name one): _____

I certify that this statement accurately reflects the actual and necessary business expense incurred by me and that I have enclosed all receipts over \$25.00, including original ticket receipts.

SIGNATURE: _____ **DATE:** _____

Departmental Head or Other Approval: _____ **DATE:** _____
 (when applicable)

Organizational Approval: _____ **DATE:** _____

Total expenses claimed incurred in US Dollars	
Amount: _____	
Total expenses claimed not incurred in US Dollars	
Currency: _____	Amount: _____
Exch Rate: _____	US Dollars \$ _____

