## Volunteers Travel Expense Contribution

**RETURN TO:**
Denise Wagner  
ASME  
2 Park Avenue, 7-308  
New York, NY 10016  
Fax Number: 212-591-8080  
Email: wagnerd@asme.org

Meeting: ___________________________  
In: ___________________________  
Date(s): ___________________________

Date of Request: Submit within two weeks after meeting. (Shaded portion for staff use).

### TRANSPORTATION EXPENSES:

1. Transportation (attach tkts.) air, bus, rail
   - Request: $
   - Staff Approval: 

2. Limousine and Taxi to/from airports, bus terminal, railroad station (attach receipt)
   - Request: $
   - Staff Approval: 

3. Actual personal/rental auto mileage = ___________________________  
   - $0.56 cents  
   - per mile up to 1,000 miles per round trip (max. $560.00 under non-emergency travel)
   - Request: $
   - Staff Approval: 

4. Tolls = ___________ Parking (attach receipt) = ___________
   - Request: $
   - Staff Approval: 

5. Total Transportation Expense Reimbursement Requested (Lines 1 + 2 + 3 + 4)
   - Request: $
   - Staff Approval: 

### OUT OF POCKET EXPENSES:

6. Hotel (attach receipt)
   - Request: $
   - Staff Approval: 

7. Gratuities
   - Request: $
   - Staff Approval: 

8. Other
   - Request: $
   - Staff Approval: 

9. Subtotal Out-of-Pocket Expenses
   - Request: $
   - Staff Approval: 

10. Meals
    - Request: $
    - Staff Approval: 

11. Total Out-of-Pocket Expenses
    - Request: $
    - Staff Approval: 

### AUTHORIZED MEETING(S)

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<th>Board, Council or Committee</th>
<th>Date</th>
<th>Representing</th>
<th>#Days</th>
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12. Total Number of days authorized for ASME business
    - Request: $
    - Staff Approval: 

13. Out-of-Pocket Reimbursement Requested
    (lesser of line 11 or line 12 x $150)
    - Request: $
    - Staff Approval: 

A receipt must be attached for each separate expenditure of $25.00 or more

### TOTAL VOLUNTEER REQUEST

(line 5 + line 13)

I hereby certify that the above meetings were attended by me as the official representative authorized in the ASME Travel Policy, and that my employer has declined to provide the requested travel expense reimbursement.

**Signature:** ___________________________  
**Date:** ___________________________

Check this box if you would like direct deposit  
If checking this box, please ensure your bank information is attached

| Non-Meal Expenses: Charge #5702  
[line 5 + (line 13 - line 10)] | STAFF APPROVAL | ACCOUNT NUMBER | AMOUNT |
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| Meal Expenses: Charge #5704  
[line 10] *Not to exceed $100/day | STAFF APPROVAL | ACCOUNT NUMBER | AMOUNT |
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Audit  
Vendor

Invoice  
Due Date

**TOTAL REIMBURSEMENT $** ___________________________
in the activities of the Society will normally be responsible for the expenses which
they incur as part of their participation. In return, member participation contributes
strongly to the professional growth of the engineer. Employers of ASME members
benefit greatly by the professional growth of their employees. Because of these
benefits to both employer and employee, it is expected that the member will be able
to obtain his travel costs from his employer, his own funds, or from other sources.

ASME has developed this policy to take care of those cases related to certain
specific activities of the Society for which the member is not able to obtain funding
for travel from his employer or other sources.”

BASIS FOR TRAVEL EXPENSE CONTRIBUTION

**Travel by Air:** Large discount fares with penalties are encouraged where the
probability of cancellation is low. Penalties for cancellation will be paid
where authorized by the unit leader. Otherwise, round trip coach should be
utilized, if available. Local fares to and from terminals will be reimbursed.

**Travel by Public Ground Transportation:** Round trip rail and/or bus fare and
local fares to and from terminals.

**Travel by Private Auto:** Mileage at the maximum allowable rate under current
IRS guidelines plus tolls and parking. However, for round trips in excess of
1600 Kilometers (1000) miles, the contribution shall not exceed $560.00 under
non emergency travel conditions.

**Travel by Rental Car:** To be reimbursed at the same rate as for travel by
private automobile. However, full costs can be included if no other
transportation means are available. Car-pooling should be encouraged.

**Other Expenses:** Actual subsistence and hotel room expenses, not
exceeding $150.00 maximum for each day or major part of a day at the
meeting or on official Society business. Approval can be given for additional
days if this permits overall reduction in transportation contribution.

RULES FOR PAYING A TRAVEL CONTRIBUTION

A travel expense contribution may be paid by ASME under the following
conditions:

1. the person is not able to obtain funding elsewhere.
2. the person is among those eligible to receive a travel expense
   contribution as defined in P-4.5.
3. a request for a travel expense contribution is submitted on an official
   ASME form.
4. travel contributions cannot be made after activity has been notified that
   the budget has been exceeded.
   the travel expense contribution request form is approved by a member of
   the ASME Staff authorized to approve it.