



**The American Association of Immunologists**  
**IMMUNOLOGY 2018™ REIMBURSEMENT POLICY**  
**AAI Early Career Faculty Travel Grant**

1. Subject to the limits set forth below, the AAI Reimbursement Policy allows for the reimbursement of expenses incurred while on authorized AAI travel.
2. Expenses will be reimbursed upon the presentation of properly prepared reimbursement requests signed by the claimant and approved by the AAI Executive Office. All expense reimbursement requests must be accompanied by receipts. **Requests without receipts will not be honored.** Receipts are detailed documents issued by the vendor; credit card statements are not acceptable. Eligible expenses will only be reimbursed after the conclusion of the meeting. **All expense reimbursement requests should be submitted by August 1, 2018.**
3. Airfare will be reimbursed at the lowest possible excursion rate (economy class) and **must be at an advanced purchase rate or equivalent.** Limits for airfare are based on the circumstances of the travel and economy class/standard airfares offered at the time of travel. Lowest airfares may require stopovers. Upgrades will not be reimbursed and are at the discretion and expense of the traveler. Expenses associated with changing travel arrangements after the initial reservations have been made will not be reimbursed unless the change is a result of program rescheduling. Reimbursement for airfare will be limited to a maximum of \$500. If travel does not originate from the award recipient's city of employment, the AAI Office must be notified in advance. Any other exceptions to these conditions must be approved by the AAI Office in advance of purchase.
4. Reasonable expenses for ground transportation (cabs, buses, shuttles, etc.) associated with the activity will be reimbursed to the traveler at actual cost. Travelers will be reimbursed for transportation to and from the airport and their home, and to and from the airport and their hotel. Other transportation expenses incurred during the meeting are not reimbursed. Limousine and town car expenses are not generally reimbursed unless equivalent to public transportation.  

The use of rental cars in lieu of public transportation is not allowed generally; exceptions must be pre-authorized by the Executive Office. If personal automobiles are approved for use, mileage will be reimbursed at the current standard rate. Mileage reimbursement will be subject to the same ground transportation limits in the preceding paragraph.
5. Lodging expenses will be reimbursed at the single room rate at a designated meeting hotel at the confirmed meeting lodging rate plus applicable taxes for up to four (4) consecutive nights. Awardees will be reimbursed for lodging only at AAI-designated meeting hotels. Reimbursement will be limited to the meeting lodging rates published on the AAI website. To receive the published meeting lodging rate, reservations must be made by the discounted housing deadline of April 11, 2018. Expenses for extra hotel nights will not be reimbursed. To receive reimbursement for lodging expenses, the hotel receipt must be in the name of the awardee.
6. Expenses for meals will not be reimbursed nor is alcohol reimbursable.
7. Personal expenses such as tips, laundry, valet, travel insurance, entertainment, telephone calls and internet connection charges, etc., will not be reimbursed.
8. AAI membership dues will not be reimbursed.
9. Registration for the meeting will be reimbursed at the advance (early) member rate. **Award recipients must register for the meeting themselves.** The deadline for early registration is March 23, 2018. Awardees will not be reimbursed for optional registration items, including the printed abstract book, guest tickets for the Gala, or registration for careers roundtables.
10. Abstract submission fees will be reimbursed at the member rate for up to 2 abstracts on which the award recipient is a first or last author. Poster printing fees will also be reimbursed for up to 2 posters on which the award recipient is a first or last author.
11. Total reimbursement shall not exceed \$1,250.

The AAI reserves the right to deny reimbursement for any charges deemed inappropriate or excessive.

*We appreciate your efforts in containing costs. Thank you for your cooperation and participation!*

**The American Association of Immunologists, Inc.**



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**2018 TRAVEL EXPENSE REIMBURSEMENT REQUEST**  
**IMMUNOLOGY 2018™**  
**AAI Travel Awards**

Name of Awardee: \_\_\_\_\_ Date: \_\_\_\_\_

Award \_\_\_\_\_

Make award reimbursement check payable to\*: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**\*If check is payable to awardee, signature of department chair (or, for trainees, advisor) is required below.**

**Please 1) furnish all of the information requested below, 2) scan receipts supporting the totals entered below and attach the digital copies to this request, and 3) sign the request.**

Date and hour of trip departure: \_\_\_\_\_ Date and hour of return: \_\_\_\_\_

Transportation to destination city:

Date	From (city & state)	To (city & state)	Specify (airplane, train, bus, auto)	Auto mileage	\$ Amount (auto at \$0.535 per mile)

Total other transportation (taxi, bus): \_\_\_\_\_

Total lodging expenses (not including meals): \_\_\_\_\_

Other specifically authorized expenses (meeting registration, abstract fee): \_\_\_\_\_

I certify that the above charges, incurred by me, are correct and proper. TOTAL \$ \_\_\_\_\_

Claimant signature: \_\_\_\_\_

**\*If check is payable to awardee, signature of department chair (or, for trainees, advisor) is required:**

**I hereby certify that the claimant is not being reimbursed for these expenses by this department or institution.**

\_\_\_\_\_  
*Print Name of Department Chair/Dean [Advisor (for trainees)]*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Office Phone: \_\_\_\_\_

**AAI appreciates your participation and efforts to contain costs.**  
***Reminder: Attach all receipts to ensure reimbursement.***

**APPROVAL: For AAI use only**

I certify that the above travel was duly authorized and I approve the claim for payment.

Approving signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Log in to your AAI profile at <https://account.aai.org/login.htm> to submit a PDF of your completed reimbursement form with receipts. AAI will not accept materials sent through regular mail or by email.**