Honorarium and Travel Expense Statement

National Cancer Institute PDQ® Editorial Board Meetings

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Meeting Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address you want

your check mailed to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Address?

Y N

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

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

PDQ Editorial Board: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meals & Lodging

|  |  |  |
| --- | --- | --- |
| Date | Meals & Incidental Expenses | Lodging |
|  | $ | $ |
|  | $ | $ |
| TOTAL | $ | $ |

Miscellaneous Expenses (Shuttle, Bus, Taxis, Parking, Tolls)

|  |  |  |
| --- | --- | --- |
| Date | Items/Explanation | Amount |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| TOTAL |  | $ |

Mileage in Privately Owned Vehicle

|  |  |  |  |
| --- | --- | --- | --- |
| Date(s) of Travel | City of Departure | Round Trip Mileage | Cost ($0.56/mile) |
|  |  |  | $ |

HONORARIUM: $200.00 Total Reimbursement Requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Traveler’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please include ALL necessary receipts (parking, taxi, bus, or shuttle receipts over $75 and hotel bill where applicable) so we may process your reimbursement form quickly.**

Please return this form to: National Cancer Institute

Office of Communications and Public Liaison

Attn.: Klem Kadiddlehopper

9609 Medical Center Drive

Bethesda, Maryland 20892-9760 (use for US Postal Mail)

Rockville, Maryland 20850 (use for FedEx or UPS Mail)

Phone: 240-555-1212

E-mail: klem.kadiddlehopper@nih.gov

Fax: 240-555-1212

Revised: 11/2021

Instructions for Completing the Honorarium and Travel Expense Statement

If you attended the meeting in person:

1. Fill in your name, the meeting date, the address you want your check sent to, and the name of your Editorial Board. Please indicate if this is a change of address.
2. Meals and Lodging: If you live more than 50 miles from our building, you may request a per diem (i.e., M&IE). If you traveled to and from the meeting on the same day, fill in the meeting date and your total M&IE amount. The maximum you may request is $39.25 ($20.00 lunch provided at the meeting subtracted from $59.25 maximum on a travel day). No receipts are necessary.

If you traveled to and from the meeting over two days, fill in the dates you traveled and your total M&IE amount. The maximum you may request is $39.25 on the meeting day ($20.00 lunch provided at the meeting subtracted from $59.25 maximum on a travel day) and $59.25 on the travel-only day. No receipts are necessary.

If you stayed overnight and paid for your hotel, fill in the cost of your hotel under Lodging. If your hotel bill exceeds the maximum hotel allowance (check the long-distance travel instructions for the current amount), you should have received prior approval to be reimbursed for the extra cost. Please submit your hotel bill.

If you stayed overnight and NCI paid for your hotel, you do not need to note this on the expense statement or submit a receipt.

1. Miscellaneous Expenses: Fill in the date(s) and the cost of parking, tolls, taxis, etc. and submit receipts for expenses over $75.00. Please note that Federal regulations do not authorize the reimbursement of rental cars or limousines.
2. POV: If you drove to the meeting, fill in the date(s), city of departure, round trip mileage, and total.
3. Total Reimbursement: Add all of the totals, including your $200.00 honorarium, and fill in your total reimbursement amount.

7. Sign the statement and send it along with any receipts to NCI at the address listed.

If you attended the meeting via audio, video, or WebEx conference:

1. Fill in your name, the meeting date, the address you want your check sent to, and the name of your Editorial Board. Please indicate if this is a change of address.
2. Total Reimbursement: Fill in the total reimbursement as $200.00 (for your honorarium).

3. Sign the statement and fax it to the NCI at the address listed.