## Travel Expense Voucher National Cancer Institute PDQ® Editorial Board Meetings

Name:			Meeting Start Date:		
Check Payable To:			Meeting End Date:		
Address you want your    New Address?					
Purpose of Expense: To be completed by JBS personnel			Meals & Lodging Expe	nses	Amount
			52-02 Lodging (room and t Traveler: Attach hotel receipt if applie section to be completed by JBS pers	ax only)	\$
Job Code: 00903.001.003			52-03 M & IE To be completed by JBS personnel		\$
For JBS accounting internal use only			52-06 For Accounting Use	ounting Use Only	
				TOTAL	\$
52-04 Ground Transpor	tation: Shuttles. Taxis	 . Ра	rking, Public Transportation,	etc.	
Date(s) of Travel	City of Departure		Round Trip Mileage	_	Amount
				\$	
				\$	
				\$	
			TOTAL	\$	
51-00 Local Travel: Mile	eage in Privately Own	ed V	/ehicle		
Date(s) of Travel City of Departure		Ro	und Trip Mileage		).625/mile)
				\$	
				\$	
				\$	
			TOTAL	\$	
Less prepaid by JBS:		(to	be completed by JBS personnel)		
TOTAL REQUESTED:		(to	be completed by JBS personnel)		
Traveler's Signature:			Date:		
Places include ALL passessmy receipts (parking toxi bus or shuttle receipts ever \$25.00					

Please include ALL necessary receipts (parking, taxi, bus, or shuttle receipts over \$25.00 and hotel bill where applicable) so we may process your reimbursement form quickly. JBS mails expense checks within 21 days of receiving complete and accurate vouchers that have required receipts and original signatures.

## **INSTRUCTIONS CONTINUE ON NEXT PAGE**

Submit this completed form by email to: NCITravel@jbsinternational.com or via mail or fax.

Mail: JBS International, Inc.

Attn.: Accounting/Samara Vasquez 5515 Security Lane, Suite 800 North Bethesda, MD 20852-5007

Fax: 301-589-2594

Attn.: Accounting/Samara Vasquez

Honoraria: Honoraria checks in the amount of \$200 are processed separately from the travel reimbursements. If you previously submitted your completed and signed honorarium voucher form, no additional action is required. If JBS does not have your completed honorarium voucher form on file, you may be contacted for additional information.

## GUIDELINES FOR COMPLETING EXPENSE VOUCHER

Travelers: Complete this form except where indicated.

Attach receipts for parking, taxi, bus, or shuttle greater than \$25.00 and hotel bill where applicable. Complete and sign one expense voucher per trip.

Purpose of Expense: JBS will complete this section. The JBS job code has been provided.

Meals & Lodging Expenses: For lodging, attach hotel receipt, if applicable. JBS will complete this section. Total M & IE will be calculated at a flat three-fourths of the applicable per diem rate for the first and last day of travel, and a full rate for travel days in between. The per diem rate is based on the city and/or county in which you are lodging. If there is no applicable rate, the standard CONUS rate of \$96 will be used for lodging and \$59 will be used for M&IE. Per diem rates are located on the GSA website: https://www.gsa.gov/travel/plan-book/per-diem-rates.

Ground Transportation: Indicate cabs/taxis, shuttles, parking, and public transportation to and from airports, train stations, site visits, meeting, training, or conference sites.

Local Travel: Indicate personal car mileage calculated at 0.625 cents per mile, tolls, cabs/taxis, shuttles, parking, and public transportation within 100 miles and 12 hours of home or office to and from the meeting, training, and conference sites.

By signing this form, I certify that the reimbursement requested is valid and accurate for the corresponding Board Meeting.

Revised: 8/2022