

AMERICAN ACADEMY OF NEUROLOGY

1080 Montreal Avenue St. Paul, MN 55116-2311 Phone: (651) 695-1940

Student Interest Group in Neurology (SIGN) Expense Reimbursement Form

Date: _____
Name of Institution: _____
Completed by: _____
Staff Liaison: Cheryl Alementi 651-695-2737

Check Payable to: _____
Address: _____

Acct #	SIGN #	Description	Expenses for Month _____	Expenses for Month _____	Expenses for Month _____	Expenses for Month _____	Expenses for Month _____	Total
7010	02-30060-08-002	Copier						
7010	02-30060-08-002	Food/Beverage						
7010	02-30060-08-002	Other (explain)						
Monthly Total								
						Total Amount Due		

THIS FORM SHOULD BE DATED, SIGNED AND ORIGINAL RECEIPTS ATTACHED, AND MAILED. DO NOT FAX. THERE WILL BE NO REIMBURSEMENTS WITHOUT RECEIPTS.

Signature of SIGN Representative _____
 AAN Staff Liaison Approval _____
 AAN Supervisor's Approval _____
 AAN Director Approval _____
 AAN Executive Director Approval _____

Date _____
 Date _____
 Date _____
 Date _____
 Date _____

Note:

1. Each SIGN Chapter can submit up to \$400 in expenses for the Academic year September 2007 through September 2008.
2. IRS Guidelines require that requests for expense reimbursement must be submitted within 30 days of the event.
 In order to meet this guideline, we ask that requests for expense reimbursement be submitted within 15 days to allow enough time for approval and processing
3. Funds do not accrue from year to year. If all funds are not used, they are forfeited.
4. Please mail this form with original receipts. Do not fax. Keep a copy for your records.
5. If the expense was in Canadian dollars, please convert to U.S. dollars or specify it is Canadian dollars so that you receive the correct amount in reimbursement.