**ANSI Consumer Participation Fund**

**Consumer Reimbursement Form**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

City/State/Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone number: Landline/Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred contact – please rank or indicate:

(\_) Mail (\_) Email (\_) Phone (\_) Text to cell phone

Name of Committee/Subcommittee:

Standards Development Organization:

Committee Chair: email:

Committee Chair contact information:

Date(s) of Meeting(s):

Summary of Expenses

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Date of expense | Description, Vendor name | Expense categoryPlease indicate type of expense (use a drop down menu)* Air/Rail
* Ground Transportation
* Mileage\*
* Lodging
* Meals
* Other (participation fees, etc.)
 | Total |
| #1 |  |  |  |  |
| #2 |  |  |  |  |
| #3 |  |  |  |  |
| #4 |  |  |  |  |
|  | Expense Report Total |  |  |

\*\*For mileage – if you used your own vehicle to drive to the meeting, please indicate miles driven. You will be reimbursed using the 58.5 cents per mile driven for attending the meeting, as per the US government’s General Services Administration. Please note W9 required for processing purposes only. https://www.irs.gov/pub/irs-pdf/fw9.pdf

*Were there any other additional expenses you incurred during your time participating in this committee? Use the “other” category above, and provide additional information here, if not included in your original request for funds.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**I certify these are valid expenses.**

Reimburse/Cardholder Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

Indicate preferred method of reimbursement:

\_\_\_\_Check mailed to my home address

\_\_\_\_ACH to my bank. (This will require ANSI to contact you for banking details.)

Administrative review:

\_\_\_\_\_\_\_\_\_\_ANSI 1

\_\_\_\_\_\_\_\_\_\_ANSI 2