AMERICAN SOCIETY OF 
ANIMAL SCIENCE

INVITED SPEAKER AGREEMENT / REIMBURSEMENT POLICY

NOTE: If an invited speaker is a member of ASAS at the time the speaking invitation is requested, the invited speaker will be considered a member of ASAS for the meeting and no reimbursement will be issued. For sectional meetings, members within the section are not eligible for reimbursement, ASAS members outside the section or non-members are eligible for reimbursement.

ASAS HAS APPROVED THE ITEMS CHECKED FOR SPEAKING AT THE MEETING:

☐ FLIGHTS: Speakers should make their flight arrangements through the ASAS-approved travel agent, Hess Travel by contacting Lyra at lyra@hesstravel.com. Airfare booked through Hess Travel will be the best available coach class ticket at the lowest price possible and be directly billed to ASAS. ASAS WILL NOT cover business-class or first-class tickets. Airfare must be purchased at least 21 days in advance of the travel date, but no more than 60 days in advance. Speakers may book their own travel; however, ASAS will not cover any other travel agency fees and reimbursement will be based on the above criteria. Acceptance of Invited Speaker Agreement / Reimbursement Policy form must be completed (see below) and returned to ASAS Headquarters before any travel is booked for the meetings.

☐ MILEAGE: Speakers may drive instead of flying and will be reimbursed for mileage at a rate of $0.575/mile. Mileage reimbursement may not exceed the cost of airfare to the same destination.

☐ LODGING: Speakers are required to make their own hotel reservations. Speakers can choose their hotel but will only be reimbursed up to the amount of the rate for the Headquarters Hotel. No more than 3 nights (domestic) / 4 nights (international) lodging for a national meeting and 2 nights (domestic) / 3 nights (international) for sectional meetings shall be reimbursed unless participation warrants greater duration and is approved by ASAS. If a speaker requires ASAS to make hotel arrangements, ASAS staff will require a credit card to hold said rooms.

☐ MEALS & DAILY INCIDENTALS: Expenses will be reimbursed up to a maximum of the US Government per diem per day for a maximum of 3 days (domestic) or 4 days (international) for national; 2 days (domestic) or 3 days (international) for sectional meetings, http://www.gsa.gov/portal/content/110007. Per diem includes but is not limited to food and beverage, parking, and transportation to and from airports. No other specific incidentals shall be paid (phone, laundry, movies, flight, medical insurance, etc.). Full per diem may be claimed without receipts.

☐ REGISTRATION: For the National Meeting, ASAS member and nonmember invited speakers will receive complimentary registration. For Sectional Meetings, ASAS nonmember invited speakers will receive complimentary registration. In both instances, additional functions that speakers wish to attend which require a fee are the responsibility of the speakers.

REIMBURSEMENT INFORMATION

• Reimbursements will be issued by check or ACH in U.S. Currency unless a speaker requests payment by wire. Wire information must be supplied with the reimbursement form and a $35.00 wire fee will automatically be deducted.

• No monetary support will be provided to speakers for presentation preparation.

• No honoraria shall be paid to invited speakers.

• Completed reimbursement form (with signature) and receipts must be turned in within 30 days of the presentation date. The completed form with all receipts should be scanned into PDF, attached to an email, and sent to debbiez@asas.org. If preferred, the information can be mailed to: ASAS, PO Box 7410, Champaign, IL 61826, Attention: Debbie Zagorski.

• Reimbursements not turned in by the deadline will not be paid.

For questions or concerns, please contact Meghan Wulster-Radcliffe, ASAS CEO, meghanwr@asas.org.

I HAVE READ AND UNDERSTAND THE INVITED SPEAKER AGREEMENT/REIMBURSEMENT POLICY OUTLINED ABOVE AND CERTIFY MY COMPLIANCE WITH ALL PORTIONS.

Printed Name __________________________________________ Date ________________
Signature ____________________________________________

Updated 10/1/2022
Expense Reimbursement Form

Your Name: ____________________________________________

Mailing Address: ____________________________________________

Purpose: ____________________________________________

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Don't forget to attach receipts!

Your Signature _____________________________ Date ____________

Approval Signature _____________________________ Date ____________