colpittsclinical
a Direct Travel company

PATIENT EXPENSE REIMBURSEMENTS - The Americas

Submissions will be processed within 14 days of receipt

Patient ID	
Study Protocol No.	
Date Submitted	

REGULAR EXPENSES

		EXPENSE CATEGORY									
Travel Date(s) (m/d/yyyy)	**Visit Type**	**($) Tolls**	**Taxi /Uber**	**Parking**	**($) Meals**	**Hotel**	**Air**	**Gas**	**($) Other**	**(explain other)**	**Receipt Attached**
											☐ YES ☐ NO
											☐ YES ☐ NO
											☐ YES ☐ NO
											☐ YES ☐ NO
											☐ YES ☐ NO
											☐ YES ☐ NO
											☐ YES ☐ NO
	Column Totals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		***Total Expenses*** 0.00

CAR MILEAGE (for personal car)

Travel Date(s) (m/d/yyyy)	**Visit Type**	**From:**	**To**	**Mileage**	**Checked with map calculator**	**Rate**	**$ Amount**
					☐ YES	.76	0.0000
					☐ YES	.76	0.0000
					☐ YES	.76	0.0000
					☐ YES	.76	0.0000
					☐ YES	.76	0.0000

Mileage Calculator Link

Total Mileage Amount 0.0000

Site Coordinator: Name: _____ **Email:** _____

Total Expenses + Mileage 0.0000

Note: funds for reimbursement will be on a Reloadable Visa Card in USD.

☐ Check box if using Kilometers

Site Coordinators must submit expense form via the HIPAA Compliant Colpitts Clinical Portal https://www.cctravelexpense.com/sites