



# Volunteer Travel Protocol & Reimbursement Form

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## PROTOCOL

The purpose of this protocol is to outline how Kidney Disease: Improving Global Outcomes (KDIGO) will reimburse volunteers for expenditures associated with traveling to KDIGO conferences and meetings. This protocol defines allowable travel expenses and establishes limitations and requirements consistent with good business practices.

Volunteers may donate their expenses to KDIGO to help reduce the cost of a meeting or conference. KDIGO would be grateful for such a donation and an acknowledgment for this donation can be sent to you upon request.

Reimbursement for expenditures associated with travel to KDIGO conferences and meetings will be via wire transfer only from the KDIGO bank in Brussels.

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## EXPENSES APPROVED FOR REIMBURSEMENT

### Air Travel

- Volunteers should use the most economical mode of travel that is practical.
- Volunteers should book their own travel, either online or with their travel agency, and KDIGO will reimburse the cost of the ticket after the conference or meeting.
- Volunteers will be reimbursed for a standard economy class fare and will not be reimbursed for premium class or upgradeable fares.
- Volunteers are required to seek permission for fares over US \$2000.00. This amount is not a blanket travel stipend, but rather then amount at which volunteers should inform KDIGO for budgeting purposes.

- Volunteers will be reimbursed only for round trip travel between home and the meeting locale. Additional charges for stops or alternative routes are the responsibility of the traveler.
- KDIGO will not pay for any re-booking or cancellation fees, unless incurred due to a change made by KDIGO or a positive COVID-19 test.
- A copy of your itinerary and ticket that indicates airline, travel class, date of booking and total travel cost is required for reimbursement.

### **Accommodation**

- KDIGO will cover the cost of a single hotel room for the nights required for a volunteer to attend a meeting or conference.
- Additional nights will be charged to the volunteer.
- All incidentals will be charged to the volunteer.

### **COVID-19 & Other Vaccinations**

- KDIGO will cover vaccination and COVID-related costs including testing required for travel.
- KDIGO will cover fees charged by an airline due to a change made by KDIGO or a positive COVID test.

### **Other**

- When KDIGO does not provide meals at a meeting, the cost of meals will be covered at a maximum of US \$60.00 per day.
- For volunteers who drive to and from the airport to attend a KDIGO conference or meeting, bridge and road toll fees, and parking fees at the airport will be covered.
- For volunteers who drive to and from a KDIGO conference or meeting, please contact KDIGO directly to discuss reimbursement options.
- KDIGO will cover taxi or bus expenses to and from hotels/airports, as well as tips confined to reasonable limits determined by services required and received.

## TRAVEL REIMBURSEMENT FORM

Volunteers must submit travel reimbursement requests within 90 days following the last day of the meeting or conference. **All expenses must be substantiated by original (paper, electronic, or scanned) receipts.**

### **To submit via email:**

Please combine the completed reimbursement form with all electronic and scanned receipts into a single PDF document. The completed form should be the first page, followed by receipts.

Please email the combined PDF to all three of the following addresses:  
koen.declercq@respons.be; admin@kdigo.org; kdigo@yukiworks.be

### **To submit via post:**

Please send original receipts along with a copy of the completed travel reimbursement form to:

KDIGO Finance  
Attn: Koen De Clercq  
Respons Accountants  
Leopoldlaan 90-92  
9300 Aalst, Belgium  
Tel: +32 (0)53 77 72 98

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**PLEASE SEE THE FOLLOWING PAGE FOR THE TRAVEL REIMBURSEMENT FORM**



# KDIGO Volunteer Travel Reimbursement Form

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

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

Meeting: \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*All expenses listed below must be substantiated by electronic or scanned receipts\*\***

Expense	Date	Amount

1. Name on Account: \_\_\_\_\_  
(must match bank exactly)

2. Name of Bank: \_\_\_\_\_

3. IBAN or Account Number: \_\_\_\_\_

4. Address of Bank: \_\_\_\_\_  
(include country)

\_\_\_\_\_

5. Bank SWIFT / BIC Code: \_\_\_\_\_

6. Total Amount to be Wired: \_\_\_\_\_  
(include type of currency)

7. Special Instructions: