

**American Accounting Association
Travel and Business Expense Report Form**

PAYEE'S FULL NAME (FIRST, MIDDLE INITIAL, LAST)	PAYEE'S ADDRESS (STREET, CITY, STATE, ZIP CODE)	SECTION/COMMITTEE NAME	TELEPHONE NUMBER
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Use this form to report all business expenses for which you are requesting reimbursement. This form is to be used for both employees and non-employees. Please visit this site <https://www.aaahq.org/about/governance/policy-procedures/list-of-forms> and select "Form 7" to insure you are using the most current version of the Expense Reimbursement Form.

INCLUSIVE DATES OF TRAVEL	BUSINESS PURPOSE OF TRAVEL
DEPARTURE DATE:	
RETURN DATE:	

TRANSPORTATION/LODGING/COMMUNICATIONS

	DATE	HOTEL (640)	AIR/BUS/RAIL (930)	TOLLS (930)	CAR RENTAL (930)	PARKING (930)	CAR SERVICE/TAXI (930)	TELEPHONE/FAX/ INTERNET (560)	MISC (990)	SUBTOTAL
1										
2										
3										
4										
5										
6										
	SUBTOTAL									A

MILEAGE

	DATE	STARTING LOCATION	DESTINATION	MILEAGE	RATE (SEE NOTES ON RATES)	TOTAL MILEAGE (930)
7						
8						
9						
10						
	SUBTOTAL					B

**PLEASE EMAIL FORM AND ALL
DOCUMENTATION TO:
AP@AAAHQ.ORG**

MEALS DURING TRAVEL AND OTHER BUSINESS EXPENSES

OTHER BUSINESS EXPENSES											
	DATE	BREAKFAST (640)	LUNCH (640)	DINNER (640)	ALCOHOLIC BEVERAGES (640)	PER DIEM (640)	SUBTOTAL	DESCRIPTION		RECEIPT (Y or N)	AMOUNT
11								17			
12								18			
13								19			
14								20			
15								21			
16								22			
	SUBTOTAL						C	SUBTOTAL (OTHER BUSINESS EXPENSES INCURRED DURING TRAVEL)			D

I certify that the expenses hereon are correct in all respects, that the amounts as charged have been actually paid by me for traveling expenses and that the distances specified have been actually and necessarily traveled by me on the stated dates.

EMPLOYEE OR TRAVELER'S NAME (PRINT)

EMPLOYEE OR TRAVELER'S SIGNATURE

DATE

AUTHORIZER'S NAME (PRINT)

AUTHORIZER'S SIGNATURE

DATE

TOTAL EXPENSES (A+B+C+D)	
LESS TRAVEL CARD EXPENSES AND ADVANCES RECEIVED	
NET AMOUNT DUE TO TRAVELER	

General Ledger Coding (AAA Use Only)

Fund/Org Name

Fund (2)

Program (4)

Class (2)

Account (3)

See Codes in Headings Above

FOR FINANCE USAGE ONLY:

AP ENTRY _____

FINANCE REVIEW 1 _____

FINANCE REVIEW 2 _____

CHECK SIGNER _____

American Accounting Association Reimbursement Policy

- A. No reimbursement is allowed for travel expenses to attend the AAA Annual Meeting, except for housing and meals for the days preceding or following the four convention days, necessitated by authorized committee meetings.
- B. Meals and incidentals will be reimbursed for their actual cost up to a maximum of \$40 daily. However, if group meals are provided, the maximum will be reduced by \$10 for breakfast, \$10 for lunch and \$20 for dinner. No receipts required.
- C. Hotel charges for room and taxes only are reimbursed at actual cost. Detailed receipt must be provided.
- D. Air and other public transportation are reimbursed at lowest available fare (premiums paid for business or first-class airfares are not reimbursable. Itinerary change fees will be reimbursed only with written statement indicating reason the change was unavoidable, or the change resulted in a lower fare. Receipt showing amount and flight information must be provided.
- E. Mileage is paid at the 2017 IRS rate. (53.5 cents per business mile driven.) Long-distance driving will be reimbursed at the lower mileage or lowest coach airfare.
- F. Travel plans should be made more than two weeks prior to departure to avoid full-price airfares.