

American Accounting Association
Travel and Business Expense Report Form 2017

PAYEE'S FULL NAME (FIRST, MIDDLE INITIAL, LAST)	PAYEE'S ADDRESS (STREET, CITY, STATE, ZIP CODE)	SECTION/COMMITTEE NAME	TELEPHONE NUMBER
---	---	------------------------	------------------

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

	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

General Ledger Coding (AAA Use Only)

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

FOR FINANCE USAGE ONLY:

AP ENTRY _____

FINANCE REVIEW 1 _____

CHECK SIGNER _____

Fund/Org Name

Fund (2)

Program (4)

Class (2)

Account (3)

See Codes in Headings Above

American Accounting Association Reimbursement Policy 2017

- A. 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 \$10 for breakfast, \$10 for lunch and \$20 for dinner. If you are using the per diem amount, then no receipts are required. If you have a different amount, then detailed receipts should be submitted. Please note that if group meals are provided, then that meal is not eligible for reimbursement.
- 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.
- G. If any required receipts are missing, please complete the attached "Business and Travel Expense Missing Receipt Form".

American Accounting Association Reimbursement Policy 2018

- H. 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.
- I. B. Meals and incidentals will be reimbursed for their actual cost up to a maximum of \$10 for breakfast, \$10 for lunch and \$20 for dinner. If you are using the per diem amount, then no receipts are required. If you have a different amount, then detailed receipts should be submitted. Please note that if group meals are provided, then that meal is not eligible for reimbursement.
- J. Hotel charges for room and taxes only are reimbursed at actual cost. Detailed receipt must be provided.
- K. 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.

- L. Mileage is paid at the 2018 IRS rate (54.5 cents per business mile driven). Long-distance driving will be reimbursed at the lower mileage or lowest coach airfare.
- M. Travel plans should be made more than two weeks prior to departure to avoid full-price airfares.
- N. If any required receipts are missing, please complete the attached "Business and Travel Expense Missing Receipt Form".



**American
Accounting
Association**

Celebrating a Century of Thought Leaders in Accounting



Business and Travel Expense Missing Receipt Form

For use with a reimbursement form OR American Express Procurement Card Documentation

Complete this form and have it approved. Scan it, along with other documentation required for your business expense reimbursement or as American Express Procurement Card Documentation.

Purchaser's Name (Person seeking Reimbursement or PCard holder):

Department

Telephone

Email address

Date	Vendor Name	Item Description/Details	Total Amount

I, the Purchaser, certify that the original receipts for the expenses reported on the expense reimbursement form OR charged to my Procurement Card were lost and a copy could not be obtained from the vendor. I certify that these expenses were incurred by me and are deemed appropriate in accordance with the business and travel expense policy of the American Accounting Association. These expenses will not be submitted for reimbursement to any other organization or agency.

Purchaser's Signature:

Date:

Supervisor's or
Card Approver's Signature:

Date:

THIS SPACE FOR ADMINISTRATIVE NOTES PLEASE