American Accounting Association Travel and Business Expense Report Form 2017

IMPORTANT: In order for the fields in this form to automatically calculate totals, please download to your computer and open in Acrobat Reader.

PAYEE'S FULL NAME (FIRST, MIDDLE INITIAL, LAST)			PAYEE'S ADDRESS (STREET, CITY, STATE, ZIP CODE)					SECTION/COMMITTEE NAM	TELEPHONE NUM	MBER
lse this form to report all ersion of the Expense R		which you are requesting re	eimbursement. This form	n is to be used for both emplo	oyees and non-employee	es. Please visit this site https:/	//www.aaahq.org/about/gov	vernance/policy-procedures/list-of-	forms and select "Form 7"	to insure you are using ths m
NCLUSIVE DATES OF	TRAVEL	BUSINESS PURPOSE	OF TRAVEL							
EPARTURE DATE:										
RETURN DATE:										
RANSPORTATION/LC	DDGING/COMMUNICAT			OAR RENTAL			I TELEBUONE EAV			
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	
				+					A	
SUBTOTAL				1						
MILEAGE		RATE			TOTAL MILEAGE	FLEASE RETU		ND ALL DO	CUMENTATION	
DATE	STARTING	SLOCATION	DESTINATION	MILEAGE	(SEE NOTES ON RATES)	(930)	-	Accounts Pa		
							American Accounting Association			
							<u> </u>		Center Park	
								9009 Town Lakewood	Center Park Ranch, FL 34	way 1202
OUDTOTAL						В	Void	9009 Town	Center Park Ranch, FL 34	way 1202
SUBTOTAL						В	Void	9009 Town Lakewood ce: (941) 556-41	Center Park Ranch, FL 34	way 1202 41) 923-4093
	AND OTHER BUSINESS					В	l	9009 Town Lakewood ce: (941) 556-41	Center Park Ranch, FL 34 27 Fax: (9 @AAAHQ.C	way 1202 41) 923-4093
	AND OTHER BUSINESS BREAKFAST (640)	EXPENSES LUNCH (640)	DINNER (640)	ALCOHOLIC BEVERAGES (640)	PER DIEM (640)	SUBTOTAL	OTHER BU	9009 Town Lakewood ce: (941) 556-41 Email: AP	Center Park Ranch, FL 34 27 Fax: (94	way 1202 41) 923-4093
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3/9/2018

Version 2.9

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".

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- 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.
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- 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.
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- N. If any required receipts are missing, please complete the attached "Business and Travel Expense Missing Receipt Form".



Business and Travel Expense Missing Receipt Form

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

expense	e reimbursement or as A	approved. Scan it, along w merican Express Procurem ing Reimbursement or PCa	nent Card Documentation	required for your business						
Departr	nent		Telephone	Email address						
Date	Vendor Name	Item Des	scription/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.										
Purchas	er's Signature:		Da	te:						
Supervis Card Ap	sor's or prover's Signature:		Da	ate:						

THIS SPACE FOR ADMINISTRATIVE NOTES PLEASE