



# American Accounting Association Travel and Business Expense Report Form 2024

PAYEEE'S FULL NAME (First, Middle Initial, Last)	PAYEEE'S ADDRESS (Street, City, State, Zip Code)	SELECTION 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 non-employees. **Expense reports are due within two weeks of travel.**

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

### TRANSPORTATION/LODGIN/MEALS/MISC

DATE	HOTEL (639)	TRANSPORTATION (930)	TOLLS/PARKING (930)	MEALS (640)	MISC (990)	MISC DESCRIPTION	SUBTOTAL
1							
2							
3							
4							
5							
6							
7							
8							
<b>SUBTOTAL</b>							

### MILEAGE

DATE	STARTING LOCATION	DESTINATION	MILEAGE	2024 RATE	TOTAL MILEAGE (930)
1				0.67	
2				0.67	
3				0.67	
4				0.67	
5				0.67	

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

<b>Total Expenses</b>	
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TRAVELER'S NAME (PRINT)	TRAVELER'S SIGNATURE	DATE
AUTHORIZER'S NAME (PRINT)	AUTHORIZER'S SIGNATURE	DATE

### General Ledger Coding (AAA Use Only)

Fund/Org Name	Fund (2)	Program (4)	Class (2)	Account (3)	Amount

### FOR FINANCE USAGE ONLY

AP Entry	
Finance Review 1	
Finance Review 2	
Check Signer	