American Association of Law Libraries
105 W Adams St., Ste. 3300, Chicago, IL 60603
312-939-4764 Fax 312-431-1097

AALL EXPENSE REPORT

Name: _____

Date _____ **Name of Committee/Special Interest Section:** _____

DAILY EXPENSES:	**Please attach all receipts** **Receipts for expenses over $25.00 must be submitted**							
	SUN.	**MON.**	**TUES.**	**WED.**	**THURS.**	**FRI.**	**SAT.**	
DATE OF TRAVEL								**TOTAL**
MEALS *Max: $50 per meal $75 per day*								
Breakfast:								$
Lunch:								$
Dinner:								$
Total Meals								$
LODGING								
Hotel:								$
TRAVEL								
Taxi/bus/shuttle								$
Airfare *(coach)*								$
Parking & Tolls								$
Total Mileage *(@ $.55 each)***								$
From:								
To:								
Car Rental *(with prior approval)*								$
Total Travel								$
MISCELLANEOUS								
Telephone/Fax								$
Tips								$
OTHER								
(Please explain on next page)								$
							TOTAL	$
							MINUS ADVANCE	
							TOTAL DUE	$

_____

Signature *(Individual Requesting Reimbursement)*

Make Check Payable to: _____

Address: _____

_____

AALL Approval

** Per 2009 IRS guidelines, calculate at 0.55 per mile driven
--Enter the number of miles driven and the cost will be calculated in the TOTAL

Per Expense reimbursement policy:
All Car rentals must have prior approval of the Exec Dir. or will not be reimbursed.
All Expense Report should be submitted within 10 working days

For Headquarters Use: Check # _____ Date: _____ Vender # _____

Charge Account #: _____ $ _____
Charge Account #: _____ $ _____
Charge Account #: _____ $ _____
Charge Account #: _____ $ _____
Charge Account #: $

EXPLANATION OF "OTHER" EXPENSES		
DATE	**DESCRIPTION**	**AMOUNT**
	TOTAL:	$