



105 West Adams Street, Suite 3300  
 Chicago, IL 60603  
 312.939.4764  
 www.aallnet.org

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Reason for Reimbursement: \_\_\_\_\_

DAILY EXPENSES:	Please attach all receipts Receipts for expenses over \$25.00 must be submitted							
	SUN.	MON.	TUES.	WED.	THURS.	FRI.	SAT.	TOTAL
<b>DATE OF EXPENSE</b>								
<b>MEALS</b> Max: \$50 per meal \$75 per day								
Breakfast:								
Lunch:								
Dinner:								
Total Meals								
<b>LODGING</b>								
Hotel:								
<b>TRAVEL</b>								
Taxi/bus/shuttle								
Airfare (coach)								
Parking & Tolls								
<b>Total Mileage**</b>								
From:								
To:								
Car Rental (with prior approval)								
Total Travel								
<b>MISCELLANEOUS</b>								
Tips/Misc								
Other - Explain on back page								
<b>Total reimbursement</b>								

Signature (Individual Requesting Reimbursement) \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_

Address: \_\_\_\_\_

\*\*Enter the number of miles driven and the cost will be calculated in the TOTAL  
 "-- Per 2019 IRS guidelines, calculated at \$0.58 per mile driven

**Per Expense reimbursement policy:**

All Car rentals must have prior approval or will not be reimbursed.  
 All Expense Report should be submitted within 2 weeks

For Headquarters Use:	Account coding	Amount
	_____	_____
	_____	_____
	_____	_____

