



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
DATE OF EXPENSE								
MEALS <i>Max: \$75 per meal \$100 per day</i>								
Breakfast:								-
Lunch:								-
Dinner:								-
Total Meals	-	-	-	-	-	-	-	-
LODGING								
Hotel:								-
TRAVEL								
Taxi/bus/shuttle								-
Airfare (<i>coach</i>)								-
Parking & Tolls								-
Total Mileage**								-
From:								
To:								
Car Rental (<i>with prior approval</i>)								-
Total Travel	-	-	-	-	-	-	-	-
MISCELLANEOUS								
Tips/Misc								-
Other - Explain on back page								-
Total reimbursement								\$ -

 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 2021 IRS guidelines, calculated at \$0.56 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
	_____	_____
	_____	_____
	_____	_____

