



230 West Monroe Street, Suite 2650  
Chicago, IL 60606

312.939.4764

www.aallnet.org

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

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

DAILY EXPENSES:	Please attach all receipts Receipts for all expenses must be submitted							
	SUN.	MON.	TUES.	WED.	THURS.	FRI.	SAT.	TOTAL
<b>DATE OF EXPENSE</b>								
<b>MEALS</b> <i>Max: \$75 per meal \$100 per day</i>								
Breakfast:								-
Lunch:								-
Dinner:								-
<b>Total Meals</b>	-	-	-	-	-	-	-	-
<b>LODGING</b>								
Hotel:								-
<b>TRAVEL</b>								
Taxi/bus/shuttle								-
Airfare ( <i>coach</i> )								-
Parking & Tolls								-
<b>Total Mileage**</b>								-
From:								
To:								
Car Rental ( <i>with prior approval</i> )								-
<b>Total Travel</b>	-	-	-	-	-	-	-	-
<b>MISCELLANEOUS</b>								
Tips/Misc								-
Other - Explain on back page								-
<b>Total reimbursement</b>								<b>\$ -</b>

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

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

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

\*\*Per 2023 IRS guidelines, mileage is calculated at \$0.655 per mile driven. Enter the number of miles driven and the cost will automatically be calculated in the TOTAL column.

**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
	_____	_____
	_____	_____
	_____	_____

