

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							TOTAL
	SUN.	MON.	TUES.	WED.	THURS.	FRI.	SAT.	
DATE OF TRAVEL								
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 (@ \$.555 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 2011 IRS guidelines, calculate at 0.555 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 #: _____		\$ _____

