

AVIATION ACCREDITATION BOARD INTERNATIONAL

TRAVEL EXPENSE FORM

Traveler: _____ **Dates:** From _____ (Time) _____ To: _____ (Time) _____

Mailing address preferred for reimbursement check: _____

Purpose: _____

Itinerary: From/To _____

Airline Fare¹: From/To _____ Amount: \$ _____

Personal Auto: From/To _____

_____ Miles @ .555 = _____

Hotel¹: _____ Nights @ _____ /night _____ Nights @ _____ /night = _____
_____ Nights @ _____ /night _____ Nights @ _____ /night = _____

Meals¹: Day 1 _____ Day 2 _____ Day 3 _____ Day 4 _____ = _____
(Month/Day)

Day 5 _____ Day 6 _____ Day 7 _____ Day 8 _____ = _____
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Automobile Rental¹/Gasoline¹: _____ = _____

Taxi/Limo Fare¹: From/To _____ = _____

Taxi/Limo Fare¹: From/To _____ = _____

Other¹: (Itemize: phone calls must include name/location/purpose; gratuities must include date/location)

Subtotal \$ _____ = _____

Honorarium: (Paid by Institution) _____ = _____

Signed: (Traveler) _____ Grand Total: = _____

Less Advance: = _____

Signed: (Executive Director) _____ Less prepaid: = _____

NET DUE: = _____

¹Attach receipts.

Date Paid: _____ Check No. _____

NOTE: Personal travel or extended stay must be approved in advance. If travel is extended in order to save money, show travel expense incurred for regular travel and/or savings travel.

Standard Coach Fare _____
Less "through Saturday" Fare _____
Less Additional Lodging _____
Less Additional Meals _____
Less Additional Auto Rental _____
Total Net Savings _____

PLEASE RETURN COMPLETED FORM TO:

Aviation Accreditation Board International
3410 Skyway Drive, Auburn, AL 36830

PLEASE MAIL EXPENSE REPORT TO AABI OFFICE NO LATER THAN 10 DAYS AFTER YOUR TRAVEL

Revised: October 2010