AVIATION ACCREDITATION BOARD INTERNATIONAL TRAVEL EXPENSE FORM

Traveler:		Dates: From	(Time)	To:	(Time)
Mailing address preferred for reimbo	ursement check:				
Purpose:					
				Amount:	\$
Personal Auto: From/To				Alliount.	\$
Check box next to amount if pre		dit card.			=
	/night	Nights @	/night		=
Nights @	/night	Nights @	/night		=
Meals¹: Day 1 (Month/Day)	Day 2	Day 3	_ Day 4		=
Day 5	Day 6	Day 7	Day 8		=
Automobile Rental ¹ /Gasoline ¹ :					=
Taxi/Limo Fare¹: From/To					=
Taxi/Limo Fare ¹ : From/To					_=
Other ¹ : (Itemize: phone calls must	include name/locatio	on/purpose: gratuities must incl	ude date/location)		
			ado dato, isolation,		
				_	
				<u> </u>	
				_	
		Subtotal \$			=
		<u> </u>		_	
Honorarium : (Paid by Institution)					_=
Signed: (Traveler)				Grand Total:	=
			۵ ا	ss Advance:	=
Signed : (Authorized AABI Rep.)			L	ess prepaid:	=
1 Attack vaccints				NET DUE:	_=
¹ Attach receipts.			Date Paid:		Check No.
NOTE: Personal travel or extended extended in order to save money, she savings travel. Standard Coach Fare Less "through Saturday" Fare	ow travel expense inc		-		
Less Additional Lodging Less Additional Meals			-		
Less Additional Auto Rental			-		
Total Net Savings	-		-		

PLEASE RETURN COMPLETED FORM TO:

Aviation Accreditation Board International 115 S. 8th Street, Suite 102, Opelika, AL 36830

Revised: March 2022

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PREPAID EXPENSE ITEMIZATION

DATE	AMOUNT	HOTEL CHG	AMEX ¹	NOTES ²
TOTAL \$				

Add	litional	N	otes.
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- 1. Attach receipts
- 2. Provide names for meal entertainment when applicable

Revised: April 2013