

# AVIATION ACCREDITATION BOARD INTERNATIONAL

## TRAVEL EXPENSE FORM

**Traveler:** \_\_\_\_\_ **Dates:** From \_\_\_\_\_ (Time) \_\_\_\_\_ To: \_\_\_\_\_ (Time) \_\_\_\_\_

Mailing address preferred for reimbursement check: \_\_\_\_\_

Purpose: \_\_\_\_\_

**Itinerary:** From/To \_\_\_\_\_

**Airline Fare<sup>1</sup>:** From/To \_\_\_\_\_ **Amount:** \$ \_\_\_\_\_

**Personal Auto:** From/To \_\_\_\_\_

**Check box next to amount if prepaid with AABI credit card.** \_\_\_\_\_ Miles @ .655 \_\_\_\_\_ = \_\_\_\_\_

**Hotel<sup>1</sup>:** \_\_\_\_\_ Nights @ \_\_\_\_\_ /night \_\_\_\_\_ Nights @ \_\_\_\_\_ /night \_\_\_\_\_ = \_\_\_\_\_

\_\_\_\_\_ Nights @ \_\_\_\_\_ /night \_\_\_\_\_ Nights @ \_\_\_\_\_ /night \_\_\_\_\_ = \_\_\_\_\_

**Meals<sup>1</sup>:** Day 1 \_\_\_\_\_ Day 2 \_\_\_\_\_ Day 3 \_\_\_\_\_ Day 4 \_\_\_\_\_ = \_\_\_\_\_  
(Month/Day)

Day 5 \_\_\_\_\_ Day 6 \_\_\_\_\_ Day 7 \_\_\_\_\_ Day 8 \_\_\_\_\_ = \_\_\_\_\_

**Automobile Rental<sup>1</sup>/Gasoline<sup>1</sup>:** \_\_\_\_\_ = \_\_\_\_\_

**Taxi/Limo Fare<sup>1</sup>:** From/To \_\_\_\_\_ = \_\_\_\_\_

**Taxi/Limo Fare<sup>1</sup>:** From/To \_\_\_\_\_ = \_\_\_\_\_

**Other<sup>1</sup>:** (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:** (Authorized AABI Rep.) \_\_\_\_\_ **Less prepaid:** \_\_\_\_\_ = \_\_\_\_\_

**NET DUE:** \_\_\_\_\_ = \_\_\_\_\_

**<sup>1</sup>Attach 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  
115 S. 8th Street, Suite 102, Opelika, AL 36830

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

Revised: March 2022

## PREPAID EXPENSE ITEMIZATION

Additional Notes:

- Revised: April 2013