



EXPENSE VOUCHER - TEAM CHAIR ONLY

COLLEGE ACCREDITATION ON-SITE VISIT (NY OR DC)

AMERICAN OSTEOPATHIC ASSOCIATION
 ATTN: Accreditation Dept.-Predoctoral Education
 142 East Ontario Street · Chicago, IL 60611
 1-800-621-1773 · 312-202-8097

Name & Address

IRS Form W-9 on file

1. TRANSPORTATION EXPENSES	AOA TRAVEL DESK (ATTACH TICKET STUB/ITS CONFIRMATION)	AMOUNT	
A. PLANE FARE - ROUND TRIP: attach airline ticket #43210	Baggage Fees (receipt)	\$	
FROM TO	Airfare paid by you→	\$	
FROM TO			
B. PERSONAL AUTO USAGE #43260			
FROM TO		\$	
TOTAL MILES @ \$.50 per mile		\$	
C. TAXI			
HOME TO AIRPORT AND RETURN		\$	
AIRPORT TO HOTEL AND RETURN		\$	
D. OTHER TRANSPORTATION: (includes Parking, Rail, Tips, Bus, Tolls, and Gas)		\$	
E OTHER TRANSPORTATION: CAR RENTAL ONLY (Prior AOA approval required) #43255		\$	
2. OTHER EXPENSES (EXPLAIN IN DETAIL BELOW) (baggage fees go under Plane Fare) #43280			
		\$	
3. HONORARIUM Note: For on-site visit. #43230			
NUMBER OF DAYS (on campus) @ \$100.00		\$	
4. PER DIEM ALLOWANCE -- FOR DAYS OF ATTENDANCE AT VISIT ONLY #43220 NOTE: THIS ALLOWANCE COVERS LODGING, MEALS AND TIPS. (A 1099 WILL BE ISSUED AT YEAR-END)			
VISIT DESCRIPTION	DATE(S) OF VISIT	NUMBER OF DAYS	AMOUNT
NAME AND LOCATION:		NY or DC _____ days x \$325	\$
		Less Hotel Paid by COM (if applicable)	—
		Less Meals Paid by AOA Staff (if applicable)	—
TOTAL EXPENSES			\$

PLEASE NOTE: AOA POLICY STATES THAT ALL EXPENSE VOUCHERS MUST BE SUBMITTED WITHIN 60 DAYS OF THE DATE THAT THE EXPENSES WERE INCURRED. A VOUCHER SUBMITTED AFTER 60 DAYS MUST BE APPROVED BY THE AOA BUREAU OF FINANCE.

ALL ORIGINAL RECEIPTS MUST BE ATTACHED FOR REIMBURSEMENT

FOR OFFICE USE ONLY:

APPROVAL:	VOUCHER#:	VENDOR#:
CHECK#:	DATE PAID:	
ACCOUNT CODES	AMOUNT	
11-13-101-03-02-00-43210	\$	
11-13-101-03-02-00-43260	\$	
11-13-101-03-02-00-43255	\$	
11-13-101-03-02-00-43280	\$	
11-13-101-03-02-00-43230	\$	
11-13-101-03-02-00-43220	\$	

DATE: _____

SIGNATURE: _____