

**ARABIAN HORSE ASSOCIATIONSM**

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AHA 0112 (Rev. 11/18)

**NON-EMPLOYEE EXPENSE REPORT
2018 Convention****Please print clearly.**

Reimbursement requested by:

Name _____ Social Security or Taxpayer ID # _____

Address _____ E-Mail _____

City _____ State/Prov _____ Zip _____

Location where expenses incurred _____ Budget to be charged _____

Committee name or event attended _____

Signature _____ Date _____

Date of Expense ❶						Total
Mileage (\$0.46/mile) ❷						
Airfare ❸						
Hotel ❹						
Dry Cleaning						
Shuttle/Cab						
Parking						
Other						
Total➔						

❶ Expenses not submitted to the AHA office within 60 days are forever to be null and void and shall not be reimbursed.**❷** Mileage is reimbursable up to the cost of airfare as the lowest rate available at time of scheduling.**❸** Airfare is reimbursable up to the cost of the lowest rate available at time of scheduling.**❹** Hotel costs are reimbursable up to the cost of the approved hotel by AHA. No incidental charges are reimbursable.

**NOTE: Original receipts are required. List items paid only by cash, check, or credit card.
Receipts are not required for mileage or meal per diems.**

Controller signature _____ Date _____

President/EVP signature _____ Date _____