

**The American Academy of Anesthesiologist Assistants
Expense Report Form (NAC or Board Approved
Attendees to ASA legislative conference)**



(An IRS Form 1099 may be reported for any person receiving more than \$600 per calendar year for amounts without supporting documentation. Please retain a copy of this form for your records.)

Submit expenses within 30 days of occurrence to The American Academy of Anesthesiologist Assistants 1231 Collier Rd. NW, Suite J, Atlanta, GA 30318, fax to (404)249-8831 or email info@anesthetist.org.

Requests received after fiscal year-end for expenses incurred during current or previous years may not be honored.

Please type or print:

1. Payment to be made to:

Name, Position in AAAA: _____

SSN or FEIN (Must correspond with name listed): _____

Street Address: _____

City, State and Zip Code: _____

2. Nature of Expenses

A. Travel - Not to exceed \$500

Nonrefundable coach airfare from _____ to _____
on _____ (date) and return (attach receipt or itinerary) \$ _____

OR

Mileage of _____ miles round trip from _____ to _____
at 54.5 cents per mile (attach original receipts) \$ _____
at the time of processing by the AAAA Administrative Office

Qj gt 'Cwqo qdkg' *gzr rclp 'lp' kgo 'j tgg. "cwcej "qtki kpcritgegr wu+ " \$ _____

B. Lodging - Maximum of one night stay per committee meeting \$ _____

attach original receipts (attach original receipts—paid only for days in which committee meetings are attended)

C. Meals (Per diem maximum food allowance of up to \$50.00 in actual expenses) \$ _____

D. TOTAL EXPENSES \$ _____

3. Explanation: (indicate meeting attended or purpose of meeting) _____

4. Submitted by: _____
Signature Date

AAAA Use Only

1. Paid by Check NO. _____ on _____ (date) in the amount of \$ _____.

2. GL Account/Class: _____

Executive Office Approval

Date

1231 Collier Road NW, Suite J • Atlanta, Georgia 30318 • 678-222-4233 • Fax 404-249-8831