



ARABIAN HORSE ASSOCIATIONSM

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AHA 0112 (Rev. 6/10)

NON-EMPLOYEE EXPENSE REPORT

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						
Breakfast \$10.00						
Lunch \$10.00						
Dinner \$20.00						
Total \$40.00 ❺						
Telephone						
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.
- ❺ Meals are only reimbursable per AHA Expense Reimbursement Eligibility Table.
- ❻ Budget overruns or expenses incurred outside of the approved budget must have the advanced approval of the President and Treasurer or the Board of Directors.
- ❼ Officer and Chair expenses require the President's approval.

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.

Committee Chair signature _____ Date _____
 Controller signature _____ Date _____
 *President signature _____ Date _____
 (*Required for expenses that are budget overruns or incurred outside of the approved budget, and for Officer or Chair expenses.)