

Fund/Org Name

Fund (2)

Program (4)

Class (2)

Account (3)

Amount

American Accounting Association Foundation Travel and Business Expense Report Form 2024

YEEE'S FULL N	AME (First, Mic	ddle Initia	al, Last	PAYEE'	<u>S ADDRESS</u>	(Street,	City, Sta	te, Zip Code)	SELEC	TION COMMITTEE NAME	TELEPHONE NUN
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e this form to re	port all business	expenses f	for which	you are re	questing rei	mbursem	ent. This fo	orm is to be used fo	or non-employees	Expense reports are due with	nin two weeks of travel.
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