



6030 Greenwood Plaza Blvd  
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AHA 0112 (Rev. 2/23)

### 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
Current Mileage Rate ❷						
Airfare ❸						
Hotel ❹						
Breakfast \$10.00						
Lunch \$15.00						
Dinner \$25.00						
Total \$50.00 ❺						
Telephone						
Shuttle/Cab						
Parking						
Other						
<b>Total →</b>						

- 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/EVP signature \_\_\_\_\_ Date \_\_\_\_\_

(\*Required for expenses that are budget overruns or incurred outside of the approved budget, and for Officer or Chair expenses.)