



**CALIFORNIA ASSOCIATION OF ORTHODONTISTS EXPENSE REPORT**

401 North Lindbergh Blvd. St. Louis, MO 63141

asebaugh@aaortho.org

Phone: 888-242-3934 X 592

Fax: (314) 993-6843

(Please Attach Copies of Receipts For All Expenses)

Name \_\_\_\_\_ Remittance Address \_\_\_\_\_

Destination \_\_\_\_\_

Meeting/Purpose \_\_\_\_\_

**NOTE:** Please submit requests for reimbursements within 30 days. We regret that we will be unable to honor reimbursement requests received after the end of the calendar year in which expenses are incurred

Date (mo/day/yr)	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Weekly Total
Hotel								
\$50 Daily Per Diem								
Airfare								
Taxis/Buses								
*Mileage @ .555								-
Parking/Tolls								-
								-
								-
								-
<b>TOTALS</b>	-	-	-	-	-	-	-	-

LESS: PERSONAL DEDUCTIONS:

Meals (e.g. spouse)

In-Room Movies

Other

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

BALANCE DUE TO CAO MEMBER

-

Signatures:

CAO Member \_\_\_\_\_

Date \_\_\_\_\_

Executive Director \_\_\_\_\_

Date \_\_\_\_\_

**Additional Comments**

\*List to and from business travel destinations for any mileage listed above

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_