

# Alpha Omega Alpha Visiting Professorship Reimbursement Form

Make check payable to: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Apartment/Suite/Floor: \_\_\_\_\_

City, ST, zipcode: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Visiting professor signature:** \_\_\_\_\_

Travel Dates	
From:	
To:	
Amt of Days:	0

Visiting Professor name: \_\_\_\_\_

Date of event: \_\_\_\_\_

School visited: \_\_\_\_\_

AOA Councilor: \_\_\_\_\_

DATE	LIST EACH RECEIPT in chronological order (include original receipts)	\$ Coach Airfare	\$ Taxi / Shuttle	\$ Lodging	\$ Meals & Tips	TOTAL
						-
						-
						-
						-
						-
						-
						-
						-
<i>Subtotals</i>		0.00	0.00	0.00	0.00	-
<i>*Enter total mileage reimbursement from below on this line</i>						<b>0.00</b>
<i>Unless donating honorarium, enter \$1500 on this line</i>						<b>1,500.00</b>
TOTAL STIPEND						<b>1,500.00</b>

Note: Mileage reimbursement for personal car = \$0.54/mile through 12/31/2016.

DATE	From:	To:	Miles driven	54 cents/mile
				-
				-
				-
<b>*Total mileage reimbursement</b>				-

**TO DONATE the \$1500 honorarium to the AOA Chapter, type *DONATE* in the field below:**

Print and complete this form to mail with the original receipts and the IRS form W9 provided.

<i>For AOA national office use only</i>	
Authorization and Date	Code