

AHA Reimbursement Worksheet

In the table below, please enter details for travel-related expenses to be reimbursed by the AHA. (See the [AHA's Travel Policy](#) for details on allowable expenses.) Reimbursements will be made via direct deposit, unless otherwise requested. If you have not already signed up for direct deposit with the AHA, you will be sent an authorization form to sign and return through Adobe e-Sign, a secure document management system. **Please submit your completed worksheet and receipts as an email attachment.**

Name:

Event:

Date(s):

Date	Description of Expense	Amount
Total		