NEW ENGLAND ASSOCIATION OF SCHOOLS AND COLLEGES

NEASC Accreditation Visit – Team Member Expense Voucher

Submit voucher and all receipts *to your NEASC Team Chair* before the end of the visit.

Team Member Information

NEASC Commission (check one): ☐ Independent Schools (NEASC-CIS) ☐ Public Schools (NEASC-CPS)	
Full Name:	Email:
Address: (street) (city, state/province) (zip)	

Visit Information

School Name:	
School Location:	
Visit Dates: From:	To:

Expenses

Only out-of-pocket expenses connected with the school visit should be claimed. Personal expenses will not be reimbursed.
Please briefly summarize each trip and add the total mileage for that trip in the "Mileage" column.

Travel/Personal Auto
IMPORTANT: Please specify each location in the trip description; for example, "From city/state, to city/state, return to city/state…"

Date	Trip Description	Mileage	Cost*
	Total Miles:		
	Total Personal Auto Expenses:		

**Use of personal auto is authorized at the prevailing IRS rate of $ 0.67* effective 01/01/24

Other Expenses (please itemize and attach receipts)

Date	Description	Cost
	Total Other Expenses:	
	Total Reimbursement Requested:	

Approval (please sign and date)

Team Chair: _____ Date: _____

School Head: _____ Date: _____