

EXPENSE VOUCHER

File within 14 days with



NEW ENGLAND ASSOCIATION OF SCHOOLS AND COLLEGES, INC.
 209 BURLINGTON ROAD-SUITE 201, BEDFORD, MA 01730-1433 • TEL. (781) 271-0022 • FAX (781) 271-0950

Payable to _____
 (Please Print)

Name _____
 (If Different from Payable to)

Mail to _____
 (Street) (City and State) (Zip Code)

Trip from _____ To _____ Return to _____
 (City and State) (City and State) (City and State)

Specific Purpose: Evaluation of _____

PLEASE NOTE:

- Airline tickets, car rental receipts and hotel bills must be attached before payment can be made.
- Use of personal auto is authorized at prevailing IRS rates (reimbursement will be calculated by NEASC office).

	Date	Mileage	Date	Mileage	Date	Mileage	Total Mileage	Line Cost
Personal Auto								\$
Plane, Train or Bus								
Taxi, Limousine								
*Car Rental								

**Must be authorized in advance by the Executive Director of NEASC*

	Date	Amount	Date	Amount	Date	Amount	Line Total
Hotel (Room & Meals)							\$
Meals (Not on Hotel Bill)							
Tips (Other Than Meals)							
Tolls (Attach Receipts)							
Other Expenses (Explain)							(\$)
Less Personal Charges							(\$)

Total Cost of Trip	\$
Less Items Charges to NEASC	()
Less Advances (if any)	()
Amount to be Reimbursed	\$

For NEASC Use Only

Account _____ Amount \$ _____

Account _____ Amount \$ _____

Account _____ Amount \$ _____

Please submit receipts with voucher and sign below.
 Payment cannot be made without signature.

 Traveler's Signature (Date)

 Commission Approval

 Business Office Approval