

New England Association of Schools and Colleges, Inc.
Commission on Independent Schools

3 Burlington Woods Drive, Suite 100, Burlington, MA 01803-4514

Visiting Committee Chair Expenses

Name: _____

Full / Pre- Evaluation visit to: _____
(circle one) (school name, city, state)

Total Mileage _____ @ \$.58 per mile \$ _____

Pre-Approved Car Rental (please attach receipts) \$ _____

Pre-Approved Air Travel (please attach receipts) \$ _____

Tolls (please attach receipts) \$ _____

Tips (please attach receipts) \$ _____

Meals en route (please attach receipts) \$ _____

Anticipated out-of-pocket expenses on return trip
(tolls and meals) \$ _____

Total Reimbursement \$ _____

Please submit your voucher, along with any team member vouchers, to the evaluated school for processing.

Payable to: _____

Mailing Address: _____

Traveler's Signature

Date