

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

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

**Visiting Committee Member Expenses**

Name: \_\_\_\_\_

Evaluation visit to: \_\_\_\_\_  
*(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 return this voucher to the Chair of the team who will submit it to the evaluated school for processing.

Payable to: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Traveler's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Visiting Committee Chair Approval \_\_\_\_\_ Date \_\_\_\_\_