

# EXPENSE VOUCHER

File within 14 days with



**NEW ENGLAND ASSOCIATION OF SCHOOLS AND COLLEGES, INC.**

209 BURLINGTON RD, 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)

**PLEASE NOTE:** Specific Purpose:

- **Airline tickets, car rental receipts and hotel bills must be attached before payment can be made.**
- **Use of personal auto is authorized at the prevailing IRS rate -\$.585/mile**

	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 Charged to NEASC	( )
Less Advances (if any)	( )
<b>Amount to be Reimbursed</b>	<b>\$</b>

**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