



TRAVEL EXPENSE REPORT

Please file within 14 days with:
 NEW ENGLAND ASSOCIATION OF SCHOOLS AND COLLEGE
 1115 WESTFORD STREET, 3RD FLOOR, LOWELL, MA, USA 01851 | TEL +1 781-425-7700 |

Payable to: _____
 (Please enter full name clearly)

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: _____

Use of personal auto is authorized at the prevailing IRS rate \$ /mile (effective 07/01/2022).
Airline tickets, car rental receipts, and hotel bills must be attached before payment can be made.

	Date	Mileage	Date	Mileage	Date	Mileage	Total Mileage	Line Cost
Personal Auto								

	Date	Amount	Date	Amount	Date	Amount	Line Total
Plane, Train, Bus							
Taxi, Limousine							
Hotel (Room and Meals)							
Meals (Not on Hotel Bill)							
Tips (Other Than Meals)							
Parking/Tolls							
Other (explain below*)							

*Explain other expenses here:

Total cost of trip:
Less personal expenses:

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)

 (Approval)