



TRAVEL EXPENSE REPORT

Please file within 14 days with:

NEW ENGLAND ASSOCIATION OF SCHOOLS AND COLLEGES, INC.
 3 BURLINGTON WOODS DRIVE, SUITE 100, BURLINGTON, MA 01803 • TEL. (781) 425-7700 • FAX (781) 425-1001

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: _____

**Use of personal auto is authorized at the prevailing IRS rate \$.575/mile (effective 01/01/2020).
 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							
Car Rental							
Hotel (Room and Meals)							
Meals (Not on Hotel Bill)							
Tips (Other Than Meals)							
Parking/Tolls							
Other (explain below*)							
Less Personal Charges							

*Explain other expenses here:	Total cost of trip: _____ Less expenses paid by NEASC: _____ Less advances from NEASC: _____ Amount to be Reimbursed:
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For NEASC Use Only	Please submit receipts with voucher and sign below. Payment cannot be made without signature.						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Account</td> <td style="width: 40%;">Amount \$</td> </tr> <tr> <td>Account</td> <td>Amount \$</td> </tr> <tr> <td>Account</td> <td>Amount \$</td> </tr> </table>	Account	Amount \$	Account	Amount \$	Account	Amount \$	Traveler's Signature _____ (Date) _____
Account	Amount \$						
Account	Amount \$						
Account	Amount \$						
	Approval _____						