



EXPENSE VOUCHER

File within 14 days with

NEW ENGLAND ASSOCIATION OF SCHOOLS AND COLLEGES, INC.

3 Burlington Woods Drive, Suite 100, Burlington, MA 01803-4514 | Phone 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 _____
(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 - \$.54/mile effective 1/1/16

\$ 0.540

	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								
Meals (Not on Hotel Bill)								
Tips (Other Than Meals)								
Tolls								
Other Expenses (Explain)								
Less Personal Charges								
						Amount to be Reimbursed		

<i>For NEASC Use Only</i>		Please submit receipts with voucher and sign below. Payment cannot be made without signature.	
Account	Amount \$	Traveler's Signature	(Date)
Account	Amount \$		
Account	Amount \$		
		Approval	