NEW ENGLAND ASSOCIATION OF SCHOOLS AND COLLEGES

NEASC International Accreditation Visit – Team Member Expense Voucher

Submit voucher and all receipts directly to the school during your visit. Reimbursements for authorized expenses must be claimed within two months following the visit.

Team Member Information

Name:	Email:

Visit Information

School Name:	Location:	
Visit Dates	From:	To:

Expenses

Only out-of-pocket expenses connected with the school visit should be claimed. Personal expenses will not be reimbursed.

Travel	**Amount**	**Currency**
Travel Ticket to/from host country		
Transport to/from home airport		
Transport to/from host country airport and hotel		
Total Travel Expenses		

Other Expenses (please itemize)	**Amount**	**Currency**
Total Other Expenses		
Total Reimbursement Requested		

Select preferred method of payment

☐ Check Payable to:

☐ Cash Specify currency:

☐ Bank transfer to school/personal account: Name of bank:

Branch address:

Bank Account Number:

IBAN Number:

BIC Number:

Signature (required): _____ Date: _____

Approval (if needed): _____ Date: _____