

Northwest Association of Accredited Schools

Reimbursement of Expenses

Name: _____

Address: _____
 (Street) (City) (State) (Zip)

Purpose of Expense: _____

Date: _____

Travel:

Automobile miles traveled _____ x (\$.50 Current IRS rates) \$ _____
 Rental vehicle (Must be pre-approved by Executive Director, attach receipt) \$ _____
 Gasoline (for rental vehicles only) \$ _____
 Air, rail, or bus (attach receipt or voucher) \$ _____
 Taxi \$ _____ Parking \$ _____ Airport Bus \$ _____ (Departure Site) \$ _____
 Taxi \$ _____ Parking \$ _____ Airport Bus \$ _____ (Arrival Site) \$ _____
 Hotel/Motel (attach receipt) \$ _____
Total travel expenses: \$ _____

Meals (Per Diem)

	Day	Day	Day	Day	Day	Day	Day	Day
Month –								
Breakfast (12.00)								
Lunch (\$16.00)								
Dinner (\$36.00)								
Subtotal \$								

Total meals expenses: \$ _____

Other (please list): _____ \$ _____

_____ \$ _____

Total Expenses: \$ _____

 Signature Date

Budget Item _____ Direct Pay _____ Check Number _____

 Executive Director Date