

EXPENSE VOUCHER

File within 14 days with



NEW ENGLAND ASSOCIATION OF SCHOOLS AND COLLEGES, INC.

209 BURLINGTON RD, SUITE 201, BEDFORD, MA 01730-1433 • TEL. (781) 271-0022 • FAX (781) 271-0950

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)

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 -\$.505/mile

	Date	Mileage	Date	Mileage	Date	Mileage	Total Mileage	Line Cost
Personal Auto								\$
Plane, Train or Bus								
Taxi, Limousine								
*Car Rental								

**Must be authorized in advance by the Executive Director of NEASC*

	Date	Amount	Date	Amount	Date	Amount	Line Total
Hotel (Room & Meals)							\$
Meals (Not on Hotel Bill)							
Tips (Other Than Meals)							
Tolls (Attach Receipts)							
Other Expenses (Explain)							
Less Personal Charges							(\$)

Total Cost of Trip	\$
Less Items Charged to NEASC	()
Less Advances (if any)	()
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)

Commission Approval