

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.

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Name:	Em	ail:		
/isit Information				
School Name:		Location:		
Visit Dates From:		To:		
Expenses Only out-of-pocket expenses connected with the	e school visit should be clain	ned. Personal expenses	will not be reimb	ursed.
Travel			Amount	Currency
Travel Ticket to/from host country				
Transport to/from home airport				
Transport to/from host country airport and hot	el			
		Total Travel Expenses		
Other Expenses (please itemize)			Amount	Currency
		Total Other Expenses		
		Total Other Expenses		
		-		
		-		
☐ Check Payable to:		-		
☐ Check Payable to:☐ Cash Specify currency:		-		
☐ Check Payable to:☐ Cash Specify currency:	Total Reim	-		
☐ Check Payable to:☐ Cash Specify currency:	Total Reim Name of bank:	-		
·	Total Reim Name of bank: Branch address:	-		
☐ Check Payable to:☐ Cash Specify currency:	Name of bank: Branch address: Bank Account Number:	-		
☐ Check Payable to: ☐ Cash Specify currency: ☐ Bank transfer to school/personal account:	Name of bank: Branch address: Bank Account Number: IBAN Number:	bursement Requested	te:	