



Expense Voucher for WASC Full Self-Study Visits (California only)

IMPORTANT: Effective as of 2008, schools reimburse WASC visit members directly for full self-study visits in California. WASC chairs should contact the school well in advance of the visit to ensure that hotel reservations and other expenses are handled correctly and reimbursements are made on a timely basis. Please be aware of any applicable district and school policies and/or per diem amounts when submitting expenses for reimbursement.

We have provided this blank expense voucher for your convenience. Please check with the school you will be visiting or the Chair of the visit to obtain the correct form to fill out for that particular school or district. Please use this form if one is not available from the school or district.

Please fill in **all** information in space provided below.

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

School Visited or Meeting Attended: _____

Above address is: Work Home

	Date:	Date:	Date:	Date:	Date:	Date:	TOTALS
Hotel/Motel							
Meals							
Car Mileage	_____ miles	_____ miles	_____ miles	_____ miles	_____ miles	_____ miles	
Other *							
Remarks:							

* Airport transportation, taxi, parking, rental car, etc. (indicate in Remarks)

Explanation of Allowable Expenses: Necessary expenses for meals, lodging, and transportation will be paid by the school. Use of personal automobile is reimbursed at the U.S. Standard Reimbursable rate of 50 cents per mile (but not to exceed the equivalent of economy airfare for long distance travel). This voucher is for actual necessary personal expenses incurred in the line of business and is to be given to the Chairperson of the Visiting Committee immediately following the visit for submission to the school. ATTACH RECEIPTS for hotel, airfare, rental car, meals, and other authorized expenses.

Extraordinary expenses: additional hotel nights, car rental, etc., *should be approved by the school in advance.*

Total Daily Expenses (from chart above) \$

Airfare: \$
(Roundtrip from _____ to _____)

Total Reimbursement Due: \$

Signature: _____ Date: _____

Approved: _____ Date: _____
Visiting Committee Chairperson

PLEASE CONTACT MR. JESS WHIPPLE, WASC BUSINESS MANAGER, AT (650) 548-4376 OR JWHIPPLE@ACSWASC.ORG IF YOU HAVE ANY QUESTIONS REGARDING THE REIMBURSEMENT POLICY.