2020-2021 TRAVEL EXPENSE REPORT

$0.00

Requested by: _____ *Date:* _____

Vendor Invoice #: _____ *Event Date(s):* _____

Event/Activity: _____ *Contact Phone #:* _____

Payee: _____ *Email:* _____

Payee's Complete Address: _____

Chair Approval: _____ ***Treasurer's Approval:*** _____

COMMITTEES/EVENT *(Type an "X" in box(s) that apply)*

- ☐ *Administration (ADM)*
- ☐ *Admissions Practice (AP)*
- ☐ *Annual Conference (CONF):* ☐ *Scholarship*
- ☐ *College Fairs (CF) - Location:* _____
- ☐ *Communications (COMM)*
- ☐ *Development (DEV)*
- ☐ *Diversity, Equity, & Access (DEA)*
  - ☐ *Grant (DEA)* ☐ *Conference (IDEA)*
- ☐ *Executive Board (EXB):* ☐ *Retreat* ☐ *NACAC* ☐ *#3* ☐ *#4* ☐ *LDI* ☐ *CONF*
- ☐ *Government Relations (GRAC)*
  - ☐ *California* ☐ *Nevada*
- ☐ *Inter-Association (IA):*
- ☐ *Membership (MEM)*
- ☐ *Nevada Issues (NI)*
- ☐ *Professional Development (PD)*
  - ☐ *Leadership Development Institute (LDI)*
  - ☐ *District Directions (DD)* ☐ *Scholarship*
  - ☐ *Share, Learn, & Connect (SLC)*
    Location: _____
- ☐ *Transfer Advocacy*

Itemized Expenses – Receipts required

(Provide explanation of all Other/Miscellaneous expenses below in comment section)

DAY	1	2	3	4	5	6	CATEGORY TOTAL
DATE							
6352 -Airplane							$0.00
6353 -Shuttle, Train, Taxi, Bus							$0.00
6356 – Lodging *(WACAC Fiscal Policy limits reimbursable to double occupancy)*							$0.00
6357 – Meals *(WACAC Fiscal Policy limits reimbursable meals up to $60 per day)*							$0.00
6358 – Incidentals/Tolls/Parking							$0.00
6359 -Mileage							0
6359 – Miles x IRS Rate ($ .575)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
6210 – Scholarship *(CONFERENCE REIMBURSEMENT)*							$0.00
6315 – Registration *(CONFERENCE REIMBURSEMENT)*							$0.00
6360 – Other/Miscellaneous							$0.00
TOTALS	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

COMMENTS:

Board Members/Committee Members**: Email completed forms with scanned invoices and receipts to the Committee/Event Chair for approval with a copy to wacacadmin@wacac.org.**

Committee Chair**: Email completed forms with your signature plus receipts to wacacadmin@wacac.org.**

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Rev. 06.9.20

INCOMPLETE CHECK REQUEST MAY RESULT IN DELAYED REIMBURSEMENT PAYMENTS