

Submit to:
COUNCIL OF ARTS ACCREDITING ASSOCIATIONS
Accrediting Commission for Community and Precollegiate Arts Schools
11250 Roger Bacon Drive, Suite 21
Reston, Virginia 20190-5248

EXPENSE STATEMENT

Submitted by: _____ Nature of Business: _____
 Signature: _____
 Address: _____ Institution Visited: _____
 _____ City, State: _____
 _____ Dates: _____
 Phone: _____ *If this was a consultative visit, please indicate the number*
 Email: _____ *of days the consultant was on campus* _____

ITEMIZED EXPENSES (please attach all applicable receipts):

Travel (for air travel, it is expected that minimum fare class will be used)..... \$ _____
 Meals \$ _____
 Lodging \$ _____
 Telephone \$ _____
 Tips \$ _____
 Miscellaneous (list items) _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 SUBTOTAL \$ _____

Mileage – Total number of miles traveled _____ Rate: _____ \$ _____
The National Office will calculate the mileage reimbursement amount based on current GSA Mileage Reimbursement Rates. Total Expenses will be adjusted accordingly. Mileage reimbursement should be less than minimum air fare.

TOTAL EXPENSES \$ _____

OFFICE USE ONLY:	
Adjustments: _____	\$ _____
_____	\$ _____
Approved by: _____	Date: _____ Line: _____

PAYEE: Please retain a copy for your records. Original with receipts must be returned to the above address.