



NATIONAL ASSOCIATION FOR COLLEGE ADMISSION COUNSELING
 TRAVEL EXPENSE REPORT - *Effective for 2017*

Payee: _____	Purpose: _____
Address: _____	From/To: _____
City: _____	Travel Dates: _____
State/Zip: _____	

Consult NACAC travel expense policy for transportation, lodging, per diem, and related allowances. Please attach receipts.

Day	One	Two	Three	Four	Five	Six	Seven	Total
Auto (# of miles only)								
Auto (# miles x \$.53.5)								
Airfare/Train								
Baggage Fees								
Taxi/Car/Transfers								
Hotel/Lodging								
Breakfast, incl. Tip								
Lunch, incl. Tip								
Dinner, incl. Tip								
Telephone								
Tolls/Parking								
Other Tips/Misc.*								
Totals								

*Itemized explanations and dollar amounts:

For NACAC Accounting Use Only

Account Number	Description	DR	CR

Total Expenses: _____
Less Travel Advance: _____
Amount Due Payee: _____
Amount Due NACAC: _____

American Express bills will be delivered to you separately for coding and turning in receipts for payment

PLEASE DO NOT include American Express charges on this expense report.

Submitted By/Date: _____	Approved By/Date: _____
--------------------------	-------------------------

Return with accompanying receipts to: NACAC 1050 N. Highland Street Ste. 400 Arlington VA 22201 (703) 836-2222