

Statement of Expenses for SAIS school accreditation Visit  
PLEASE ENCLOSE ORIGINAL RECEIPTS FOR ALL EXPENSES.

Name \_\_\_\_\_  
 Address (check to be sent to): \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 School/Org \_\_\_\_\_  
 E-mail \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
 School visited \_\_\_\_\_  
 Beginning Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Ending Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Chair's Name \_\_\_\_\_  
 Chair's Signature signifying approval for reimbursement \_\_\_\_\_

**TRAVEL BY CAR**

- o Address of starting point \_\_\_\_\_
- o Address of destination \_\_\_\_\_
- o # of miles traveled \_\_\_\_\_ x cents per mile (IRS rate\*)= \$ \_\_\_\_\_  
 \*<https://www.irs.gov/tax-professionals/standard-mileage-rates>

**TRAVEL BY PLANE**

- o Airfare from \_\_\_\_\_ to \_\_\_\_\_ \$ \_\_\_\_\_

**LODGING**

- o Hotel (number of nights \_\_\_\_\_) ..... \$ \_\_\_\_\_

**MEALS**

- o Meals (number of meals \_\_\_\_\_) ..... \$ \_\_\_\_\_

**INCIDENTALS**

- o Cab/carfare (if rental car, number of days \_\_\_\_\_)..... \$ \_\_\_\_\_
- o Gratuities ..... \$ \_\_\_\_\_
- o Other (please specify on attached sheet) ..... \$ \_\_\_\_\_

**TOTAL** ..... \$

**Please reimburse me for these expenses incurred in connection with activities of SAIS:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Submit this form directly to the school for reimbursement.**  
*If the school has their own form they want you to use, please use it!*