

Submission Date _____

Payable To _____

Name _____

Contact Phone _____

Mailing Address _____

Self-Study Visit Special Visit _____ Type

Institution Visited _____

Location/Date(s) _____

Committee Meeting Commission Meeting

Workshop/ Conference Other

Type/Date(s) _____

Dates								Total
Personal Car Mileage								n/a
Mileage Expense*								
Parking & Tolls								
Car Rental & Gas								
Local Travel (Cab)								
Airline, Train, Bus Fares								
Hotel (including Taxes)								
Meals	Breakfast							
	Lunch							
	Dinner							
Other								
Daily Total								

OFFICE USE ONLY

Subtotal Expense	
Honorarium	
Total Due Individual	

Account	Job #	Amount

Approved By: _____

Date: _____

EXPENSE SUMMARY

Total Submitted	
<i>Less: Personal Expenses</i>	
<i>Less: MSCHE Credit Card</i>	

Balance Due	Individual	
	MSCHE	

Individual Signature

*Mileage expense is calculated automatically at a rate of \$0.535/mile valid 1/1/2017 - 12/31/2017