



NEW ENGLAND ASSOCIATION  
OF SCHOOLS AND COLLEGES

Please file within 14 days with:  
NEASC  
1115 Westford Street, Third Floor  
Lowell MA 01851 USA  
+1 781-425-7700

## TRAVEL EXPENSE REPORT

Payment Information	Trip Details
(Payable to) Full Name:	From (city, state):
(Payable to) Email:	To (city, state):
Name (if different than "Payable to"):	Return to (city, state):
Mail to (street, city, state, zip):	Specific Purpose:

Use of personal auto is authorized at the prevailing IRS rate \$.725 per mile (effective 01/01/2026).  
Airline tickets, car rental receipts, and hotel bills must be attached before payment can be made.

	Date	Mileage	Date	Mileage	Date	Mileage	Total Mileage	Total Cost (line)
Personal Auto								
	Date	Amount	Date	Amount	Date	Amount	Total Cost (line)	
Plane, Train, Bus								
Taxi, Limo								
Hotel (room and meals)								
Meals (not on hotel bill)								
Tips (other than meals)								
Parking, Tolls								
Other (explain below*)								

\*Explain other expenses here:

**Total cost of trip:**

**Less Personal Expenses:**

**Amount to be Reimbursed:**

FOR NEASC USE ONLY

Please submit receipts with voucher and sign below.  
Payment cannot be made without signature.

Account	Amount \$

(Traveler's signature)

(Date)

(Approval)