



ACS WASC Reimbursement Guidelines for Self-Study Visits (California)

Per the ACS WASC reimbursement policy, schools hosting a full self-study visit are responsible for reimbursing visiting committee members directly for approved expenses. These may include transportation, lodging, meals, and other materials not provided or prepaid by the school.

To ensure timely reimbursement for all allowable expenses, please follow the guidelines below during your visit.

If you are unsure whether an expense or vendor purchase is allowable, consult the school's WASC Coordinator prior to making the purchase.

Receipt Requirements

Committee members must retain **original, itemized receipts** for all reimbursable expenses, including:

- Hotel - *Arranged by the school's WASC Coordinator*
- Meals - *For meals not provided or prearranged by the school and Visiting Committee Chair*
- Transportation - *Mileage will be reimbursed at the current Federal Standard Mileage Rate (72.5¢ per mile for 2026)*

Expense Tracking

- Record expenses daily on the **reimbursement form**
- Write the **date and purpose** on each receipt

Post-Visit Requirements

- Submit all original receipts to the school's WASC Coordinator
- Include your **name and contact information** with your reimbursement request
- Retain copies of all submitted documentation for your records

Non-Reimbursable Expenses

- Hotel incidentals (e.g., valet parking, movie rentals, laundry services)
- Upgrades (e.g., hotel rooms, flights, premium services)
- Alcohol
- Expenses **without itemized receipts**



VISALIA UNIFIED SCHOOL DISTRICT

Conference Attendance Form

FINANCE USE ONLY:

VE# _____

Name: _____ Address: _____ School/Dept: _____

(Last, First, Middle)

Location: _____ Departure Date & Time: _____ Return Date & Time: _____

Title of Conference: _____

Prepared By: _____ Phone/Email: _____

<i>The following checklist must be completed with necessary forms attached to this request.</i>	Estimated Costs	Actual Costs (Out of Pocket)
Registration ☐ Prepay (Attach PO for prepaid registration) ☐ Reimburse (paid by employee)	\$	\$
Lodging ☐ Prepay (Attach PO for prepaid lodging) ☐ Reimburse (paid by employee)	\$	\$
Travel Costs ☐ Personal (miles _____ x rate _____) or ☐ District (attach transportation request form) ☐ Other	\$	\$
Meals including tips (itemized receipts required) (Should not exceed \$69.00/day)	\$	\$
Other costs (itemized receipts required)	\$	\$
TOTAL	\$	\$

BUDGET NUMBER FOR REIMBURSEMENT ITEMS

FUND	RESOURCE	PY	GOAL	FUNCTION	OBJECT	SITE	TYPE	MGR	%	AMOUNT
					52000					

Special Funding Approval: _____ Date: _____

REQUEST/APPROVAL TO ATTEND CONFERENCE

Signature of Employee Date

Signature of Principal or Director Date

Signature of Cabinet Member Date

REQUEST FOR REIMBURSEMENT

I hereby certify that the above expenses are actual and were necessarily incurred in the performance of my official duty and further that no part of the above claim has heretofore been paid:

Signature of Employee Date

Signature of Principal or Director Date

Visalia Unified School District

Mileage Reimbursement Form for Local Area Travel

Instructions:

1. Type or print in legible ink.

2. Reimbursements must be approved by the Principal/Site Administrator before payment will be made.

3. Put each month on a separate form. Mileage Reimbursements must be submitted monthly.

Failure to comply with these instructions will result in mileage reimbursement form being returned to you

Fund (3 Digits)	Resource (5 Digits)	Project Year (1 Digit)	Goal (5 Digits)	Function (5 Digits)	Object (5 Digits)	Site (3 Digits)	Type (4 Digits)	Mgr. (3 Digits)

Vendor # _____
Work site: _____
Name: _____

Department &
Phone: _____
Mailing Address: _____

Date	Location (Where Expense Occurred)	Purpose (Why Expense Occurred)	Mileage*
		TOTAL	

Miles_____x Rate_____

I hereby certify that the above expenses are actual and were necessarily incurred in the performance of my official duty. I also certify that no part of the above claim has been paid and that this claim does not include expenses for other employee and non-employee meals except as listed above and authorized by the Board of Education (including Board Policy/Administrative Regulation.) I certify that I have personal auto liability insurance in accordance with Vehicle Code Section 16020.

Signature of Employee_____
Signature of Site Administrator_____
Signature of Appropriate Director_____

Title_____
Title_____
Title_____

Date_____
Date_____
Date_____

*Local area Mileage is within a 75-mile radius