

# Southern Association Of Colleges And Schools

1866 Southern Lane, Decatur, GA 30033-4097

*Expenses shall be submitted as soon as possible after actual expenses have been incurred*

**NO REIMBURSEMENT WILL BE HONORED IF SUBMITTED AFTER 90 DAYS OF THE INCURRED EXPENSES.**

Payable to (Name) \_\_\_\_\_

Mail to (Name) \_\_\_\_\_

Mail to (Address) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Trip From: \_\_\_\_\_ To: \_\_\_\_\_  
 (City and State) (City and State)

To: \_\_\_\_\_ To: \_\_\_\_\_  
 (City and State) (City and State)

**SACS unit for which service was performed**

GENERAL \_\_\_\_\_  
 COLLEGE \_\_\_\_\_  
 SECONDARY \_\_\_\_\_  
 ELEMENTARY \_\_\_\_\_  
 V-TECS \_\_\_\_\_  
 OTHER \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_  
 (Include institution name if applicable)

DAILY EXPENSES <sup>2</sup> DATE								LINE TOTAL
Plane, Train or Bus <sup>3</sup>								
Personal Auto <sup>4</sup>								
Car Rental <sup>5</sup>								
Taxi, Limousine								
Hotel (Room & Meals)								
Meals Charged to SACS								
Meals Paid Cash								
Parking Fees								
Other (Explain)								

Explanatory Notes:

TOTAL OF ALL EXPENSES	
Less Items Charged to SACS	
Less Advances (If Any)	
Less Unreimbursable Expenses	
Net Amount to be Reimbursed	

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Date)

..... **(FOR SACS USE ONLY)** .....

Account No.	Amount	Account No.	Amount	Travel	
_____	_____	_____	_____	Incidental Exp.	_____
_____	_____	_____	_____	Other	_____
_____	_____	_____	_____	Pay this Amount	_____
_____	_____	_____	_____		
_____	_____	_____	_____		

\_\_\_\_\_  
 (Business Office Accuracy Approval)

\_\_\_\_\_  
 (SACS Unit Approval Signature)

**Southern Association of Colleges and Schools  
REIMBURSEMENT POLICY**

1. EXPENSE REIMBURSEMENT FORMS SHALL BE SUBMITTED **as soon as possible after** actual expenses have been incurred. **No reimbursement will be honored if submitted after 90 days of the incurred expenses.**
2. ORIGINAL RECEIPTS ARE REQUIRED. Attach all receipts for airline travel, car rentals, hotel bills and group meals.
3. TRAVEL BY COMMON CARRIER (airplane, train, bus, boat, etc.) will be reimbursed at the ROUNDTRIP ECONOMY OR COACH CLASS RATE, plus the necessary expense to and from the place of departure of the common carrier.
4. PERSONAL AUTOMOBILE usage, if requested, is authorized at the current IRS-approved rate (55 cents per mile) by the most direct route. The maximum allowable reimbursement, including en route expenses, may not exceed the published roundtrip coach class air fare to and from the site of the meeting.
5. CAR RENTAL requires advance authorization by the Association or institution.
6. UNREIMBURSED EXPENSES include items not directly related to SACS business, such as telephone calls, lodging and meals for family members and guests, movies, entertainment, etc.

**PAYMENT OF UNREIMBURSED EXPENSES:** If you are authorized to sign the hotel bill on check out, pay for unreimbursed expenses at that time and have the hotel deduct this from the final bill sent to SACS. In other cases, unreimbursable expenses are to be deducted from the total of expenses.

**WORK SHEET**

**USE OF PERSONAL AUTOMOBILE**

Highway mileage from \_\_\_\_\_ to \_\_\_\_\_ and return:

\_\_\_\_\_ at \_\_\_\_\_ cents per mile = \$ \_\_\_\_\_ .

(TOTAL MILES)

**MEALS**

<b>DATE</b>							
BREAKFAST							
LUNCH							
DINNER							