

THE SOUTHERN ASSOCIATION FOR COLLEGE ADMISSION COUNSELING
EXPENSE REPORT/TRAVEL REIMBURSEMENT REQUEST

Check payable to: _____

Mail Check to: _____

Purpose of expenses: (Name, location, date of program or event)

Total Expenses: _____
 (complete detail below)
 Amount due SACAC: _____
 Amount due individual: _____

Expense Detail (must be completed for reimbursement-please balance rows and columns)

	SUN	MON	TUE	WED	THU	FRI	SAT	TOTALS
Date								
Air Transport								
Grnd Transport								
Lodging								
Breakfast								
Lunch								
Dinner								
Postage								
Printing								
Parking								
Other								
TOTALS:								

NOTE: Original receipts must be attached. Receipts that are not letter-sized must be taped to an 8 ½ X 11 sheet of paper. Mileage is reimbursed at 45 cents per mile. Daily meal allowance may not exceed \$50.00 and hotel reimbursement is for ½ the cost of the room (roommate assumed). Airfare purchased using personal frequent flyer miles is reimbursed at the out-of-pocket expense rate only. No cash reimbursement will be made for personal frequent flyer miles used in the purchase of air fare for SACAC business. Expenses cited which do not meet guidelines but actually resulted in savings to SACAC should be explained with a written attachment. (Please see SACAC Fiscal Policy Manual if you have any questions.) **Reimbursement requests must be received by the treasurer within 30 days after completion of travel.**

Your name: _____
 Your signature: _____
 Date: _____

Mail this form and receipts to:
 Bill Dingle
 SACAC Treasurer
 P.O Box 5249
 Greenville, SC 29606
 864.467.0780 (Fax)
wsdingle@educdir.com

Approved by: _____ SACAC check #: _____ Date Issued: _____ Account #1: _____ Account #2: _____ Account #3: _____ <p align="center">TREASURER USE ONLY</p>
