

# ACSI Accreditation Team Expense Report



For Visit to (School/City, State): \_\_\_\_\_ Date of Visit: \_\_\_\_\_

Your Name: \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Check Made Payable to: \_\_\_\_\_

Send Check to:  School  Individual If individual, include mailing address:

Individual's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

For ACSI Employees:

Your Name: \_\_\_\_\_

Division  Eastern  Central  Western  General

**Check made payable to Association of Christian Schools International/ACSI**

Send check to: ACSI  
731 Chapel Hills Dr.  
Colorado Springs, CO 80920

Auto: \_\_\_\_\_ miles at the current IRS rate \$ \_\_\_\_\_ per mile = \_\_\_\_\_

Airfare (please attach receipt): \_\_\_\_\_

Meals (please attach receipts): \_\_\_\_\_

Tips (if not included in meal receipt): \_\_\_\_\_

Other (please itemize and attach receipts): \_\_\_\_\_

Other (please itemize and attach receipts): \_\_\_\_\_

Other (please itemize and attach receipts): \_\_\_\_\_

Total: \_\_\_\_\_

**Please attach a copy of this expense report form to the reimbursement check,**  
and give the check to the visiting committee member before the end of the visit if at all possible.

Chairperson's Approval: \_\_\_\_\_  
(Signature) (Date)

Notes/Additional Expenses: