

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
PO Box 62249
Colorado Springs, CO 80962

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: