Expense Reimbursement Form

Please complete and submit this form within two weeks of incurring expenses; receipts required for all expenses claimed. Electronic, faxed, or hard copy submissions accepted.

NACADA
The Global Community for Academic Advising
2323 Anderson Ave., Suite 225
Manhattan, KS 66502
Attn: Alan Klug aklug@ksu.edu
Fax: (785) 532-7732

Please refer to to the applicable reimbursement guidelines at http://www.nacada.ksu.edu/About-Us/NACADA-Leadership.aspx

Name:

Make Check Payable To:

Mail Check To:

Purpose of Expense:

Meeting Location:

If not Executive Office Staff, please check one:

Board of Directors ☐ Standing Comm. Chair ☐
Council Members ☐ Advisory Board Chair ☐
Commission Chair ☐ Interest Group Chair ☐
Region Chair ☐ Faculty Presenter ☐
ELP Participant ☐ Other ☐ (Please Indicate) _____

For Accounting Office Use Only			
Account	Amount	Memo	Class

Travel/Meeting Date(s) (mm/dd/yy)	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	Totals
[04] Airfare, Bus								$0.00
[04] Shuttle/Taxi								$0.00
[04] Mileage (miles x 0.575)								$0.00
[04] Parking, Tolls								$0.00
[05] Lodging								$0.00
[07 or 33] **Meals incl tips**								
Breakfast (and tip)								$0.00
Lunch (and tip)								$0.00
Dinner (and tip)								$0.00
[18] **Tips*** (other than for meals)								$0.00
Other*								$0.00
Other*								$0.00
Day Totals	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

*Please explain under "Explanatory Remarks" (ex: event staff/box handling gratuities, supplies purchased onsite, hospitality, etc.)

Explanatory Remarks:

Expenses Summary

Total Expenses: $0.00
Less: Cash Advance:
(EO Staff Only)
Amount due Traveler: $0.00
Amout due NACADA: $0.00

Signed:

Date: