

For Treasurer use only
Account code: _____



NAFSA REGION II EXPENSE REPORT

Please include this completed form and all receipts for reimbursements in one pdf and email to [Treasurer](#) for reimbursement. If documents are sent separately or are incomplete, reimbursements will not be processed. Per diems for mileage or meals are not accepted. If you (not your organization) are to be reimbursed, please enter your personal information below. If your organization is to be reimbursed, please enter their relevant information below.

Reason for Expense: _____

Name: _____ Date: _____

Title on team (if applicable): _____

Email address: _____ Phone: _____

University or Organization Affiliation: _____

Make check payable to: _____

Remittance Address: _____ City/State/Zip: _____

Federal Tax ID* _____

* You can skip the Tax ID field if YOU are being reimbursed (you must enter this if your office/organization is being reimbursed).

TRANSPORTATION

Traveling to / from: _____

If auto travel: _____ miles @ .535 per mile = \$ _____ (attach a google map of route for documentation)

If air travel: cost of airfare = \$ _____

Other? Ride Share/Bus/Train etc. \$ _____

Total Travel \$ _____

LODGING

Lodging may not exceed the current [GSA](#) maximum per diem rates.

Number of nights _____ at \$ _____ per night. If sharing a room, only indicate your portion of the room charge.

Total Lodging: \$ _____

MEALS

Meals may not exceed the current [GSA](#) maximum per diem rates. No expenses for alcohol will be reimbursed.

Date: _____ \$ _____ Notes: _____

Date: _____ \$ _____ Notes: _____

Date: _____ \$ _____ Notes: _____

Date: _____ \$ _____ Notes: _____

Total Meals \$ _____

OTHER EXPENSES

All items must be approved to be reimbursed. Examples: Supplies, speaker reimbursements, registration fees, photocopies, etc.

Describe purchase: _____

Total Other Expenses: \$ _____

TOTAL EXPENSES

\$ _____

Please attach all receipts and form in one pdf and email to Region II Treasurer within 30 days of expense.