



STATEMENT OF EXPENSES FOR ON-SITE VISITING TEAM MEMBERS

NAME _____

ADDRESS _____

SCHOOL _____

DATE(S) of EXPENSES _____

Car _____ miles @ _____ per mile

Air Fare (if applicable) with receipt \$ _____

Cab Fare (if applicable, with receipt) \$ _____

Car Rental (if applicable, with receipts) \$ _____

Tolls (if applicable, with receipts) \$ _____

Other Expenses (explain below): \$ _____

Total Expenses \$ _____

Balance Due \$ _____

Note: The School does not reimburse a member of the On-Site Visiting Team for incidentals (phone calls, dry cleaning, etc.), alcoholic beverages or personal travel/accommodations surrounding the visit.

Signature of Team Member _____

Bring this completed form and corresponding receipts to the SAES Rep by noon on Tuesday.

For School Use Only:

Approved _____ Date _____