

**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: Peggy Goe pgoe@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: \_\_\_\_\_

For Accounting Office Use Only			
Account	Amount	Memo	Class

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) _____

Travel/Meeting Date (s)	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	Totals
[04] Airfare, Bus								
[04] Shuttle/Taxi								
[04] Mileage (miles x 0.54)								
[04] Parking, Tolls								
[05] Lodging								
[07 or 33] Meals incl tips								
Breakfast (and tip)								
Lunch (and tip)								
Dinner (and tip)								
[18] Tips* (other than for meals)								
Other*								
Other*								
Day Totals								

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

**Explanatory Remarks:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Expenses Summary**  
 Total Expenses: \_\_\_\_\_  
 Less: Cash Advance: \_\_\_\_\_  
           (EO Staff Only)  
 Amount due Traveler: \_\_\_\_\_  
 Amount due NACADA: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_