



Southern Association of Colleges and Schools Commission on Colleges

1866 Southern Lane, Decatur, GA, 30033-4097

Expenses shall be submitted as soon as possible after actual expenses have been incurred.

**NO REIMBURSEMENT WILL BE HONORED IF SUBMITTED AFTER 90 DAYS OF INCURRED EXPENSES.**

Payable to (Name) \_\_\_\_\_ SACSCOC Staff \_\_\_\_\_

Mail to (Name) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

Trip From: \_\_\_\_\_ To: \_\_\_\_\_  
(City and State) (City and State)

To: \_\_\_\_\_ To: \_\_\_\_\_  
(City and State) (City and State)

Purpose of Trip: \_\_\_\_\_  
(Include institution name if applicable)

Daily Expenses <sup>2</sup>	Date						<b>Totals</b>
Plane, Train or Bus <sup>3</sup>							
Personal Auto Mileage <sup>4</sup>							
Car Rental <sup>5</sup>							
Taxi, Limousine							
Hotel (Room & Meals)							
Meals Charged to COC							
Meals Paid Cash							
Parking Fees							
Other (Explain)							

Explanatory Notes:

Total of All Expenses	
Less Items Charged to COC	
Less Advances (If Any)	
Less Unreimbursable <sup>6</sup> Expense	
Net Amount to be Reimbursed	

(Signature) \_\_\_\_\_

(Date) \_\_\_\_\_

----- (FOR SACSCOC USE ONLY) -----

Account _____	Amount _____	Account _____	Amount _____	Account _____	Amount _____	Travel _____	
_____	_____	_____	_____	_____	_____	Incidental Exp. _____	
_____	_____	_____	_____	_____	_____	Other _____	
_____	_____	_____	_____	_____	_____	Pay this Amount _____	
_____	_____	_____	_____	_____	_____	_____	_____

(Business Office Accuracy Approval)

(Date)

(SACSCOC Approval Signature)

OVER



# Reimbursement Procedures

1. EXPENSE REIMBURSEMENT FORMS SHALL BE SUBMITTED as soon as possible after actual expenses have been incurred. **No reimbursement will be honored if submitted after 90 days of the incurred expense.**
2. ORIGINAL RECEIPTS ARE REQUIRED. Attach **all** receipts for airline travel, baggage fees, car rentals, parking, hotel bills and meals.
3. TRAVEL BY COMMON CARRIERS (airplane, train, bus, boat, etc.) will be reimbursed at the ROUNDTRIP ECONOMY OR COACH CLASS RATE, plus the necessary expense to and from the place of departure of the common carrier.
4. PERSONAL AUTOMOBILE MILEAGE usage, if requested, is authorized at the current IRS-approved rate (**72.5 cents per mile**) by the most direct route. The maximum allowable reimbursement, including enroute expenses, may not exceed the published roundtrip coach class air fare to and from the site of the meeting.
5. CAR RENTAL requires advance authorization by the Commission or institution.
6. UNREIMBURSED EXPENSES include items not directly related to SACSCOC business, such as telephone calls, lodging and meals for family members and guests, movies, entertainment, etc.

**PAYMENT OF UNREIMBURSED EXPENSES:** If you are authorized to sign the hotel bill on check out, pay for unreimbursed expenses at that time and have the hotel deduct this from the final bill sent to SACSCOC. In other cases, unreimbursable expenses are to be deducted from the total of expenses.

## TO EXPEDITE PROCESSING

Please submit the expense voucher within seven days. Before mailing the completed voucher, please make certain that you have:

- Signed the voucher
- Checked the totals
- Attached **all** receipts (We require receipts for airline travel, baggage fees, car rentals, parking, hotel bills and meals.)

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## WORKSHEET

### PERSONAL AUTOMOBILE MILEAGE

Highway mileage from \_\_\_\_\_ to \_\_\_\_\_ and return:

\_\_\_\_\_ at **72.5 cents per mile** = \_\_\_\_\_.  
(Total Miles)

### MEALS (Receipts required for all meals)

DATE							
Breakfast							
Lunch							
Dinner							