

*Purpose (cirlce one): Campus Visit / Travel - Starting Assignment / Travel - Ending Assignment / Travel - During Assignment / Other _____

Date	Airfare & Baggage	Lodging	Meals	Car Rental / Fuel	Taxi / Shuttle	Parking	Tolls	Other (not mileage)	
Date								Amount	Description
						_			·

Please attach all original, itemized receipts for all expenses. NOTE: Alcohol is not reimbursable!

MILEAGE (as of January 1, 2023 the standard mileage rate is \$0.655 cents per mile)

Date	Starting and Ending Addresses (you <u>must</u> include a Google map for proof of mileage)	Number of Miles	Rate	Amt
			\$0.655	
			\$0.655	
			\$0.655	
			\$0.655	
	Total Miles			

**All reimbursements are distributed once the Registry receives payment from the Institution, which is due 15 days from receipt
Please note that if you attend a campus visit, invoices are submitted when all reports are received.

GRAND TOTAL

*I hereby certify that this is a true statement of expenses incurred:	
"I nereny certity that this is a true statement of expenses incurred:	

Please submit by USPS: Nikki Cormier, Registry for College and Univeristy Presidents, Three Centennial Drive, Suite 320, Peabody, MA 01960 OR by email: nikki@registryinterim.com