

Submit to:

NATIONAL ASSOCIATION OF SCHOOLS OF DANCE
11250 Roger Bacon Drive, Suite 21
Reston, Virginia 20190-5248

EXPENSE STATEMENT

Submitted by: _____ Nature of Business: _____

Signature: _____

Address: _____ Institution Visited: _____

City, State: _____

Dates: _____

Phone: _____ *If this was a consultative visit, please indicate the number*

Email: _____ *of days the consultant was on campus* _____

ITEMIZED EXPENSES (please attach all applicable receipts):

Travel (for air travel, it is expected that minimum fare class will be used) \$ _____

Meals \$ _____

Lodging \$ _____

Telephone \$ _____

Tips \$ _____

Typing, duplication of report \$ _____

Miscellaneous (list items) _____ \$ _____

_____ \$ _____

SUBTOTAL \$ _____

Mileage – Total number of miles traveled _____ Rate: _____ \$ _____

The National Office will calculate the mileage reimbursement amount based on current GSA Mileage Reimbursement Rates. Total Expenses will be adjusted accordingly. Mileage reimbursement should be less than minimum air fare.

TOTAL EXPENSES \$ _____

OFFICE USE ONLY:		
Adjustments: _____		\$ _____
_____		\$ _____
Approved by: _____	Date: _____	Line: _____

PAYEE: Please retain a copy for your records. Original with receipts must be returned to the above address.