

EXPENSE REIMBURSEMENT FORM

Representatives of WSCUC will be reimbursed for out-of-pocket expenses incurred while attending meetings of the Commission, when serving on accreditation review teams, or performing other assigned duties. Original receipts must be provided for all expenditures over \$40.00.

- Please read the [Travel and Business Expense Policy](#) and the Important Information on this form before you complete and submit your reimbursement request.
- If you are requesting mileage reimbursement, please print a Google map with your Start and End locations showing total miles and attach with your reimbursement paperwork
- Please submit within 15 days of the event. Claims submitted after 30 days will not be reimbursed. Submit to finance@wscuc.org.

Expense Type: <input type="checkbox"/> Accreditation Review/Visit <input type="checkbox"/> Substantive Change Visit <input type="checkbox"/> Training <input type="checkbox"/> Committee <input type="checkbox"/> Commission	
Name of Institution Reviewed or Training/Committee/Meeting Attended: _____	
Dates expenses were Incurred: _____	
Your name: _____	Job Title: _____
Your institution: _____	
Check payable to (select one): Self <input type="checkbox"/> Your Institution <input type="checkbox"/>	
Mailing address for check: _____ _____	

TRAVEL EXPENSES	<p>PLEASE NOTE:</p> <p>1. Effective 1/1/2024 mileage will be reimbursed at a rate of 67 cents per mile (\$0.67/mile), the amount not to exceed the equivalent of economy air fare.</p> <p>2. Reimbursement will not be made for rental cars without prior authorization from WSCUC staff.</p> <p>Automobile (# miles traveled) _____ 0.67 cents/mile \$ _____</p> <p>Approved rental car (state company) _____ \$ _____</p> <p>Economy air fare from _____ to _____ \$ _____</p> <p>Additional (check applicable) <input type="checkbox"/> Taxi <input type="checkbox"/> Airport Shuttle <input type="checkbox"/> Tolls <input type="checkbox"/> Parking \$ _____</p> <p>Other (describe) _____ \$ _____</p> <p>* Remote Visit Per Diem (# days – not to exceed 3 days) _____ at \$100/day \$ _____</p>
OTHER EXPENSES	<p>* Do not include any costs paid directly by the institution or by WSCUC. Reimbursement for tips is limited to 20%</p> <p>Hotel * (state hotel name & dates) _____ \$ _____</p> <p>Meals * \$ _____</p> <p>Miscellaneous (describe) _____ \$ _____</p> <p style="text-align: right;">TOTAL \$ </p>

I certify that I have read and understood the Travel and Business Expense Policy, and that the above statement is a true account of expenses incurred on behalf of the WASC Senior College and University Commission (WSCUC).

Signature: _____ Date: _____

WSCUC Staff Approval: _____ Date: _____

IMPORTANT INFORMATION

1. Please refer to the WSCUC Travel and Business Expense Policy for information on reimbursable expenses and procedures for reimbursement.
2. Please make your economy airplane reservations as soon as possible to obtain the lowest fares. Otherwise, institutions are faced with reimbursing the Commission for much higher fares than are necessary.
3. If it is necessary for you to rent a car, you must get approval from a WSCUC staff member before make the rental arrangements.
4. If you are driving, mileage claims should not exceed the equivalent economy air fare.
5. Please send original receipts no later than 30 days after the visit or meeting. Complete the reverse side of this form and staple your receipts to it (if mailing) or scan receipts and include with scanned form (if emailing).
6. Please be sure to indicate if the reimbursement is to be made to you personally or to your institution.
7. Institutions being visited normally arrange for and pay hotel costs directly. Please report on this form only those hotel costs that you paid directly.
8. Please note the limits on tips contained in the policy: no more than 20% for allowable meals, reasonable tips for handling of bags, and no more than \$10 a day for housekeeping.
9. Please note that WSCUC-related internet expenses are reimbursable while you are traveling on WSCUC business.
10. Members of the Commission and all evaluators are covered by a \$250,000 travel accident policy. This insurance is secondary to the health and vehicle insurance carried by members of the Commission and all evaluators.
11. International Visits: Those conducting Commission business at international sites may book business class flights. In addition, the Commission maintains a supplemental travel and health insurance policy for international travel. Please ask about this coverage before purchasing additional coverage at your own expense.

Revised 5/2016, 6/2018, 3/2019, 11/2020, 3/2021, 4/2024