



HAWAII ASSOCIATION FOR COLLEGE ADMISSION COUNSELING

revised 12/2017

EXPENSE REPORT / REQUEST FOR REIMBURSEMENT

Please submit no later than 15 days after completion of event for your reimbursement to be processed.

Payee:	Activity:
Address:	Purpose:
City:	From/To:
State/Zip:	Travel Dates:
	Committee Budget:

Consult HACAC travel expense policy for transportation, lodging, per diem, and related allowances. Please attach receipts.

Requests past 15 days of event or over \$150 require the approval of the HACAC President

Day	Max Amount	One	Two	Three	Four	Five	Six	Seven	Total
Auto (# miles x \$.575)									
Registration Fees									
Airfare									
Baggage Fees									
Taxi/Car/Parking									
Hotel/Lodging \$186.00									
Breakfast, incl. Tip \$12.00									
Lunch, incl. Tip \$16.00									
Dinner, incl. Tip \$30.00									
College Fair Facilities/Rental									
Conference / PD Facilities									
Other /Tips/Misc.*									
Totals									

*Itemized explanations and dollar amounts:

Tip for baggage handling

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For HACAC Accounting Use Only

Form Received	Description	Check #	Mailed
Notes:			

SubTotal Expenses:
Tax:
Shipping:
Amount Due to Payee:

Submitted By:

Date:

Approved By/Date:

President Signature: