



New England Association of Schools and Colleges, Inc.

Visitor Reimbursement Form  
(Submit while at the school)

NAME OF VISITOR: \_\_\_\_\_

**EXPENSES:** Please attach all receipts for expenses incurred and **submit directly to the school at the time of the visit.** Difference types of currencies for checks and cash will depend on the school. **Reimbursement for authorized expenses must be claimed within 2 months following the visit.**

Travel Ticket	Amount	Currency
Cost of travel ticket		
<b>Preferred method of payment:</b>		
<input type="checkbox"/> Cash – please specify in which currency:		
<input type="checkbox"/> Bank transfer to school/personal account. <i>Please specify details</i>		
Name of Bank:		
Branch/Address:		
Bank Account Number:		
IBAN Number:		
BIC Number:		

Other Expenses	Amount	Currency
Transport to and from home and airport:		
Transport to and from host country airport and hotel:		
Other (Please specify):		
Other (Please specify):		
Other (Please specify):		
Other (Please specify):		
Total amount of <b>other</b> expenses to be reimbursed		
<b>Please choose method of payment (if different from above):</b>		
<input type="checkbox"/> Check payable to:		
<input type="checkbox"/> Cash – please specify in which currency		
<input type="checkbox"/> Bank transfer to school/personal		
Name of Bank:		
Branch/Address:		
Bank Account Number:		
IBAN Number:		
BIC Number:		

Signature & Date