



## EXPENSE REPORT INSTRUCTIONS

- 1 - All expense reports must be **signed**, approved and returned to the NACC office within ten (10) business days of your meeting.
- 2 - Travel is defined as total cost to travel from the individual's residence to the destination to which he or she must attend NACC business. Furthermore, total reimbursement for automobile (mileage) is not to exceed the cost for traveling to the same destination by airlines. Please provide documentation as to what the cost of airfare would have been; the lowest cost would be eligible for reimbursement.
- 3 - When traveling by air:
  - Airline reservations should be made 30-45 days prior to departure, to take advantage of lower fares.
  - Each person is responsible for negotiating the lowest possible fare utilizing local travel agents, the airlines and the Internet.
  - **Any airfare exceeding \$400.00 requires pre-approval from the National Office.**
  - If you need assistance in booking a flight, please contact our office.
- 4 - Any personal purchases, telephone calls, entertainment or recreation are considered the responsibility of the individual and are not refundable expenses from the NACC. This includes any personal travel or interrupted or redirected business travel for the purpose of personal matters.
- 5 - The NATIONAL ASSOCIATION OF CATHOLIC CHAPLAINS recognizes that it has a fiscal responsibility to its members to practice cost-containment and cost-effectiveness in its mission of stewardship.
- 6 - Please print **two copies** of this form. Keep one for your records and send the other copy along with **ALL** receipts to the NACC. You may either email this form, along with scanned copies of your receipts, or send it via postal mail:

NACC  
4915 S. Howell Avenue, Suite 501  
Milwaukee, WI 53207-5939

Email: [swalker@nacc.org](mailto:swalker@nacc.org)

**June 1, 2017**



4915 S. Howell Avenue  
 Suite 501  
 Milwaukee, WI 53207-5939  
 Telephone: 414.483.4898  
 Fax: 414.483.6712

www.nacc.org

# NACC Expense Report

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Meeting Dates: \_\_\_\_\_ Reason for Meeting: \_\_\_\_\_

		THURS	FRI	SAT	SUN	MON	TUES	WED	THURS	TOTALS
21	Breakfast									
21	Lunch									
21	Dinner									
22	Lodging									
23	Taxi/Shuttle									
23	Parking/Tolls									
23	Air/Car/Rail									
23	_____ Miles @ .45									
32	Telephone									
35	Postage									
62	Printing/Copying									
	Miscellaneous *									
	<b>TOTALS</b>									

\*Explanation: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Approved by: \_\_\_\_\_

(Office Use)

<b>TOTAL EXPENSES</b>	
<b>DUE TO NACC</b>	
<b>DUE FROM NACC</b>	

Please make two copies of this report and keep one for your records.