

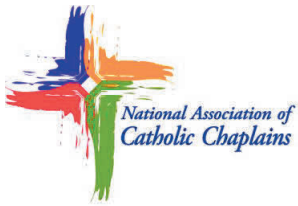
EXPENSE REPORT INSTRUCTIONS

- 1 - All expense reports must be signed, approved and returned to the NACC office within ten (10) business days of your meeting. Digital signatures may be used (see helpx.adobe.com/reader/using/sign-pdfs.html for instructions).
- 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 \$500.00 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** credit card and itemized receipts to the NACC. You may 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: finances@nacc.org

January 11, 2023



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: _____

(Internal use only)

Location: _____

Class: _____

(Internal use only)		THURS	FRI	SAT	SUN	MON	TUES	WED	THURS	TOTALS
	Breakfast									\$0.00
	Lunch									\$0.00
	Dinner									\$0.00
	Lodging									\$0.00
	Taxi/Shuttle									\$0.00
	Parking/Tolls									\$0.00
	Air/Car/Rail									\$0.00
	Mileage ¹ (# of miles x \$0.51)									\$0.00
	Telephone									\$0.00
	Postage									\$0.00
	Printing/Copying									\$0.00
	Miscellaneous *									\$0.00
	TOTALS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

*Explanation: _____

Your Signature: _____

TOTAL EXPENSES	\$0.00
DUE TO NACC	
DUE FROM NACC	

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

¹mileage reimbursement is \$0.51 per mile