**VISITING TEAM EXPENSE REIMBURSEMENT**

*This form may be used if the host school does not have an internal form that is preferred.*

SCHOOL NAME:



Please reimburse 

*(Name)*



*(Address)*

For expenses incurred traveling to and from the above school for the purposes of serving on a MSA Visiting Team.

| DATE(S) |  |  |  |  | **TOTAL** |
| --- | --- | --- | --- | --- | --- |
| Personal Automobile Miles (67 cents per mile IRS rate or approved rate of school/district) |  |  |  |  |  |
| Parking and Tolls |  |  |  |  |  |
| Air/Rail/Bus |  |  |  |  |  |
| Tips |  |  |  |  |  |
| Other (specify) |  |  |  |  |  |
| Other (specify) |  |  |  |  |  |
| ***TOTAL*** |  |  |  |  |  |

Signature:



Date:





# **FOR SCHOOL USE ONLY**

Approved by:



Account to be charged:



*\*\*NOTE: Host school is responsible for travel expense reimbursement to team members. Expenses should be reimbursed at the conclusion of the visit. Do NOT submit to MSA.*