

# *Pacific Region ACPE*

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

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

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

## ACCREDITATION COMMITTEE – SITE VISIT

Site: \_\_\_\_\_

Dates: \_\_\_\_\_

### TRAVEL

Date								
Auto/Miles Driven @ ____								
Airfare								
Parking/Tolls								
<b>Transportation Total</b>								

### FOOD

Date – <u>NOT PER DIEM</u>								
Breakfast (\$10 max)								
Lunch (\$15 max)								
Dinner (\$30 max)								
<b>Food Total</b>								

### LODGING – *Standard room ONLY*

Date								
Motel/Hotel								
<b>Lodging Total</b>								

### MISCELLANEOUS

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**Submitted by:** \_\_\_\_\_

(Signature required: Person submitting request)

**Authorized by:** \_\_\_\_\_

(Signature Required: Regional Committee Chair)

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

(Signature Required: Regional Director)

**Date Paid:** \_\_\_\_\_

**Check #** \_\_\_\_\_

### SUMMARY

Transportation Total	
Food/Meals Total	
Lodging Total	
Miscellaneous	
<b>Sub-Total</b>	
Less Pre-Paid/Advance	
<b>Total Expenses</b>	

*Receipts Required with this Form*

**Expense vouchers must be received within 45 days of the conclusion to Site visit/event.**  
**Please send to the Regional Accreditation Chair for Authorization.**