



ACEN TRAVEL REIMBURSEMENT

INSTRUCTIONS: Please complete this form and return within 10 business days. Original itemized receipts must be submitted for all reimbursable expenditures incurred by the traveler. Keep a copy of the completed travel reimbursement form and receipts for your records. Errors may cause delays in reimbursement.

SECTION 1 – MAILING INFORMATION

Check if mailing information has changed

First Name: _____ JANE _____ Last Name: _____ DOE _____
 Address: _____ 123 Market St. _____ Apt/Suite: _____
 City: _____ Atlanta _____ State: _____ GA _____ Zip: _____ 30327 _____

SECTION 2 – PURPOSE OF TRAVEL

Purpose of Travel: Site Visit

- Commissioner
- Evaluation Review Panel Member
- Accreditation Site Visitor (*Section 2A*)
- ACEN Staff
- Other (*Please specify*) _____

SECTION 2A – FOR ACCREDITATION SITE VISITS

Name of Governing Organization Visited: _____
ABC School of Nursing
 Program Type(s) Visited: (*Check all that apply*)
 Clinical Doctorate Master's Baccalaureate
 Associate Diploma Practical

SECTION 3 – REIMBURSABLE TRAVEL EXPENSES

Please reference/complete the corresponding sections (3A – 3H) on the back of this form.

Date (mm/dd/yy)	9/16/2013	9/17/2013	9/18/2013	9/19/2013					TOTAL
3A - Airline/Train									
3B – Lodging	110.00	110.00	110.00						330.00
3C – Personal Auto	24.00		24.00						48.00
3D – Taxi									
3E – Tolls/Parking				27.00					27.00
3F – Auto Rental									
3G - Meals	18.50	36.00	42.50	24.00					121.00
3H - Miscellaneous	25.00			25.00					50.00
TOTAL	177.50	146.00	176.50	76.00					576.00

SECTION 4 – TRAVELER'S SIGNATURE

I certify to have incurred the above reimbursable expenses.

Signature:

Date: 9/26/13

FOR ACEN STAFF USE ONLY

Date Received: _____
 Processed By: _____
 Verified By: _____
 Approved By: _____

	EXPENSE	DEPARTMENT	TOTAL EXPENSE
CODE			
CODE			
CODE			
TOTAL			

ACEN TRAVEL REIMBURSEMENT: SECTIONS 3A – 3H

SECTION 3A – AIRLINE/TRAIN

For airline/train expenses paid by traveler ONLY. Do not enter any airline/train expenses if paid or booked through ACEN’s travel account (AXIOM).

SECTION 3B– LODGING

For reimbursement of lodging expenses paid by traveler.

SECTION 3C – PERSONAL AUTO (Use of personal auto for travel requires prior authorization from ACEN)

Date	Start and Destination	Purpose of Trip	Miles X Rate Current Rate=0.48	Amount
9/16/2013	Home to Airport	Site visit	50 m x .48	24.00
9/19/2013	Airport to Home	Site visit	50 m x .48	24.00

SECTION 3D– TAXI

Date	Start and Destination	Purpose of Trip	Amount

SECTION 3E – TOLLS/PARKING

Date	Start and Destination	Purpose of Trip	Amount
9/16 to 19/2013	Tolls	Site visit	3.00
9/16 to 19/2013	Parking	Site visit	24.00

SECTION 3F– Auto Rental

For auto expenses paid by traveler ONLY. Do not enter any auto rental expenses if paid or booked through ACEN’s travel account (AXIOM).

SECTION 3G – MEALS

Please refer to the daily limits on meals as detailed in the ACEN TRAVEL POLICY HANDBOOK (tips should be included in meal costs).

SECTION 3H – MISCELLANEOUS

Date	Description	Amount
9/16/2013	American Airline bag fee	25.00
9/19/2013	American Airline bag fee	25.00

Mail to: ACEN
Attn: Travel Reimbursement
3343 Peachtree Road NE, Suite 850
Atlanta, GA 30326

- Reminders:**
1. Have you signed the ACEN Travel Reimbursement Form (SECTION 4 – TRAVELER’S SIGNATURE)?
 2. Have you attached all original itemized receipts? (credit card copies not accepted)
 3. Have you made copies of the completed form and attachments for your records?

Please call Jocelyn Pineda, Accounting Specialist, at (404) 975-5012 if you have any questions or need assistance.