

Reimbursement Request Form for Accreditation Team Members



Please complete this form. Submit it to the ATMAE office for approval.

Name of Applicant: _____

Address of Applicant: _____

Telephone Number: _____

Institution Visited: _____

Date of Accreditation Visit: ____/____/____ to ____/____/____

Transportation Expense:

Personal Vehicle, _____ miles @ \$0.535 (as of 01/01/2017) _____

Transportation other than personal vehicle (attach receipts) _____

Fuel (Rental Car only) _____

Taxi or limousine service (attach receipts) _____

Parking (attach receipts) _____

Other (specify and attach receipts) _____

Lodging Expense:

Hotel/motel expenses (attach receipts) _____

Other (specify and attach receipts) _____

Food Expense:

Meals (attach receipts) _____

Other (attach receipts) _____

Other Expenses:

(specify and attach receipts) _____

TOTAL EXPENSES _____

Team Member Signature: _____

Complete all information and return to:

ATMAE, 275 N. York Street, Suite 401, Elmhurst, IL 60126

Email: Kelly@atmae.org Fax: (630) 563-9181 Phone: (630) 433-4514