



Western Catholic Educational Association
Catholic Schools Accrediting Commission

WCEA COMMISSIONER REQUEST FOR REIMBURSEMENT 2018

Name	
(Arch) Diocese	
Address	
City/Zip	
Meeting Attended	
Date of Meeting	

AIRFARE EXPENSE		
From:	To:	Amount:

OR

DRIVING EXPENSE		
# of Miles: *	@ \$0.545 per mile	Amount:

*Miles requires an online directions map showing "From" and "To" points with total mileage.

HOUSING EXPENSE (Must be pre-approved by Executive Director)	
Number of Nights:	Amount:

OTHER TRAVEL EXPENSE (Parking, cab/Uber/Lyft fare, toll booth)	
Specify:	Amount:

TOTAL EXPENSE	Amount:
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The following expenses are NOT covered by WCEA:

- **Any expenses without receipts (see above for mileage)**
- All expenses for a second representative from a Member Diocese
- All expenses above \$500.00 for airfare unless pre-approved by Executive Director
*Flights should be scheduled at least 45-60 days before meetings; Southwest flights, use "Wanna Get Away" rate; other airlines, coach fares only
- All tips, phone expenses, food, and miscellaneous expenses

PAYMENT OPTIONS (Check one option below)		
<input type="checkbox"/>	Make check out to arch/diocese	<input type="checkbox"/>
		Make check out to me
	Make check out to religious community: (Name)	

Your Signature	
Date	

Please return this form **with receipts** to WCEA at 101 S Kraemer Blvd, #115; Placentia, CA 92870. If emailing this form and receipt(s), please create **one PDF** and send to jdritschel@westwcea.org.