



**Western Association for College
Admission Counseling**
Standard Check Requisition

*** **Committee Chair Approval:** _____

*** **Treasurer's Approval:** _____

Requested by: _____

Date: _____

See attached invoice

Date(s) of Event: _____

Payee: _____

Contact Phone #: _____

Address: _____

Amount Requested: \$ _____

Committees/Events

- Administration (ADM)
- Admissions Practice (AP)
- College Fairs (CF)
Location: _____
- Conference (CONF)
- Diversity, Equity, & Access (DEA)
 - IDEA Conference (IDEA)
 - DEA Grant Program
- Executive Board (EXB)
- Nominations & Credential (NC)
- Government Relations (GRAC)
- Inter-Association (IA)
- Membership (MEM)
- Professional Development (PD)
 - Counselor Summer Institute (CSI)
 - Share-Learn & Connect (SLC)**Location:** _____
- Publications/Public Relations (PUB)
- Technology/Research (TECH)

Account Codes

EXPENSES

- 6002 · Wages
- 6010 · Payroll Taxes
- 6015 · Workers Comp
- 6020 · Bank Fees
- 6030 · Credit Card Fees
- 6050 · Professional Services
- 6210 · Scholarships
- 6220 · Awards & gifts
- 6310 · Advertising & Printing
- 6312 · Liability Insurance
- 6315 · Dues, registration & subscriptions
- 6320 · Postage
- 6327 · Accounting
- 6335 · Rentals (Facilities, Buses & Equipment)
- 6336 · Food & Refreshments
- 6340 · Supplies

TRAVEL EXPENSES

- 6352 · Airfare
- 6353 · Car rental, taxi, train and bus
- 6356 · Lodging
- 6357 · Meals/Tips
- 6358 · Incidentals, tolls, parking
- 6359 · Mileage
- 6570 · Website Maintenance
- 6580 · Penalties

Expenses to be reimbursed: (Indicate Account Code(s) with dollar amount(s). Total should equal Amount Requested above. In addition, when claiming TRAVEL EXPENSES, Travel Expense Form on Page 2 must accompany this form. Supporting receipts must be attached, taped to 8.5 X 11 Paper.)

Account Code	Amount	Account Code	Amount	Total
_____	\$ _____	_____	\$ _____	
_____	\$ _____	_____	\$ _____	
_____	\$ _____	_____	\$ _____	
_____	\$ _____	_____	\$ _____	\$ _____

COMMENTS:

Board Members/Committee Members: Send Completed forms to the committee Chair for approval
Committee Chair: Send Completed Form(s) to WACAC at 2629 Foothill Blvd #124, La Crescenta, CA 91214
 Questions? Contact Deanna Kilgour at (866) 302-2674 or wacacadmin@wacac.org



TRAVEL EXPENSE REPORT ⁵

Requested by: _____ Date: _____
 Payee: _____ Contact Phone #: _____
 Address: _____
 Dates of Travel: _____ From/To: _____
 Purpose of Travel: _____

Itemized Expenses - Receipts Required¹

Day	1	2	3	4	5	6	Category Total
Date							Date
Airplane							\$
Train/Taxi/Shuttle/Car Rental							\$
Lodging							\$
Meals – Breakfast + Tip ²							\$
Meals – Lunch + Tip ²							\$
Meals – Dinner + Tip ²							\$
Incidentals/Tolls/Parking							\$
Number of Miles							
Miles x Mileage Rate (\$0.50)							\$
Other/Miscellaneous ³							\$
Daily Totals							\$

¹Please submit receipts for all expenses taped to 8 ½ x 11 sized paper.

²WACAC Fiscal Policy limits reimbursable meals to \$60 per day.

³Provide Explanation of All Other/Miscellaneous Expenses Below:

⁴Please submit this form and the Standard Check Requisition form to your Committee Chair for approval.

⁵**Form must be submitted within 45 days of date of the event.**

COMMENTS:

Requestor's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Committee Chair Approval: _____ Date: _____

BOARD MEMBERS⁴ Send Completed Form(s) to the Committee Chair.
Questions? Contact Deanna Kilgour at (866) 302-2674 or wacacadmin@wacac.org