Montana Association of Student Financial Aid Administrators (MASFAA)

**EXPENSE and/or REIMBURSEMENT CLAIM FORM**

To receive reimbursement for approved Association expenses, please submit this form and all receipts to MASFAA Treasurer.

**1. Please charge this expense to the following account for the \_\_\_\_\_\_\_\_\_\_\_ (ie. 2010) budget year:**

\_\_\_Awards/ Gifts \_\_\_Misc./ Other

\_\_\_Annual Conference

\_\_\_Communications for miscellaneous expenses please describe:

\_\_\_Executive Board \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Gear Up Contribution

\_\_\_Office Supplies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Regional and National Conference

\_\_\_Training

**2. Purpose/Place of expense\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date(s) of activity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Expense/Reimbursement breakdown**

*(Note: except for meals, attach a receipt for each item over $5.00 (*Departure time\_\_\_\_\_\_ Return time\_\_\_\_)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| EXPENSE  DESCRIBE: | TOTAL |  | TRAVEL EXPENSE | DAY 1 | DAY 2 | DAY 3 | DAY 4 | TRAVEL TOTAL |
|  |  |  | Airfare |  |  |  |  |  |
|  |  |  | Mileage |  |  |  |  |  |
|  |  |  | Lodging |  |  |  |  |  |
|  |  |  | Breakfast |  |  |  |  |  |
|  |  |  | Lunch |  |  |  |  |  |
|  |  |  | Dinner |  |  |  |  |  |
|  |  |  | Cab/Parking/Tips |  |  |  |  |  |
| **TOTAL** | **$** |  | **TRAVEL TOTAL** |  |  |  |  | **$** |

**Grand Total $\_\_\_\_\_\_\_\_\_\_\_\_**

**4. Make check payable to: (please print)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Send check to this address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**6. Approvals:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Claimant signature/date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Claimant printed name**

*The signature of the appropriate Committee Chair or the Vice President is required if you are claiming reimbursement for yourself or your institution.*

**7. Send this form and enclosures to the current MASFAA Treasurer.**

|  |
| --- |
| **8. Treasurer/payment: Check # Date Amount $ Initials** |