

**Midwest Association of Student Financial Aid Administrators (MASFAA)
EXPENSE and/or REIMBURSEMENT CLAIM FORM**

In order to receive reimbursement for approved Association expenses, this form should be received by the Treasurer within 60 days of incurring the expense, and in no case later than the end of MASFAA's fiscal year on December 31. Expense claim forms received after December 31 must be approved by the Finance Committee.

1. Please charge this expense to the following account for the _____ (e.g., 07/08) membership year:

- | | | |
|---|--|--|
| <input type="checkbox"/> Administrative Expense | <input type="checkbox"/> Executive Council | <input type="checkbox"/> President Elect's Retreat |
| <input type="checkbox"/> Annual Conference | <input type="checkbox"/> Family Educational Concerns | <input type="checkbox"/> Professional Development |
| <input type="checkbox"/> Annual Conference Program | <input type="checkbox"/> Federal Issues | <input type="checkbox"/> Research |
| <input type="checkbox"/> Annual Conference Local Arrangements | <input type="checkbox"/> Finance | <input type="checkbox"/> Site Selection |
| <input type="checkbox"/> Archives | <input type="checkbox"/> Membership Services | <input type="checkbox"/> Summer Institute |
| <input type="checkbox"/> Association Governance | <input type="checkbox"/> NASFAA/National Board | <input type="checkbox"/> Symposium |
| <input type="checkbox"/> Awards | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Web Services |
| <input type="checkbox"/> Corporate Support | <input type="checkbox"/> Nominations/Elections | <input type="checkbox"/> Other _____ |

2. Purpose/Place of expense _____ Date(s) of activity _____

3. Expense/Reimbursement breakdown

(Note: except for meals, attach a receipt for every item over \$5.00) Departure time _____ Return time _____

MISC. EXPENSE	TOTAL	TRAVEL EXPENSE	DAY 1	DAY 2	DAY 3	DAY 4	TRAVEL TOTAL
Supplies		Airfare					
Printing		Mileage @ 48.5¢ mile					
Postage		Lodging					
Telephone		Breakfast-\$8.00 max					
Speaker		Lunch-\$14.00 max					
Other:		Dinner-\$26.00 max					
Other:		Cab/Parking/Tips					
MISC TOTAL	\$	TRAVEL TOTAL					\$

Grand Total \$ _____

4. Make check payable to: (please print) _____

5. Send check to this person/address: _____

Email address: _____ @ _____

6. Approvals:

Claimant signature/date

Claimant printed name

Committee Chair or Vice President
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