

**WASFAA**

Wisconsin Association of Student Financial Aid Administrators

In order to receive reimbursement for approved Association expenses, this form should be received by the Treasurer within 60 days of incurring the expense. Expense claim forms received later than this date must be approved by the Finance Committee.

1. Please Charge This Expense To The Following Account:

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|--|--|--|
| <p>A. Core Functions:</p> <p>_____ Personal Information Coordinator</p> <p>_____ Computer Hardware/Software</p> <p>_____ Corporate Support</p> <p>_____ Conference Site Coordinator</p> <p>_____ Executive Committee</p> <p>_____ President</p> <p>_____ NASFAA/MASFAA</p> <p>_____ President Elect</p> <p>_____ Past President</p> <p>_____ Secretary</p> <p>_____ Treasurer</p> <p>_____ Postage</p> | <p>_____ WASFAA Leadership</p> <p>_____ Office Professionals Retreat</p> <p>_____ Pre-Collegiate Brochure</p> <p>_____ President's Retreat</p> <p>_____ Spring Conference ____ yr</p> <p>_____ Fall Conference ____ yr</p>   | <p>_____ Nominations</p> <p>_____ Pre-Collegiate Relations</p> <p>_____ Professional Development</p> <p>_____ Public Relations</p> <p>_____ Research</p> <p>_____ State Issues</p> <p>_____ Student Employment</p> <p>_____ WINDOW</p> <p>_____ WEB Publishing</p> |
| <p>B. Training Activities:</p> <p>_____ High School Counselor Workshop</p> <p>_____ NASFAA Leadership</p> <p>_____ NASFAA Training</p>   | <p>C. Committees:</p> <p>_____ Archives</p> <p>_____ Assoc. Governance</p> <p>_____ Awards</p> <p>_____ Disadvantaged Concerns</p> <p>_____ Federal Issues</p> <p>_____ Finance</p> <p>_____ Inter Agency</p> <p>_____ Loan Concerns</p> <p>_____ Membership</p> <p>_____ New Technology</p> | <p>D. Services:</p> <p>_____ DataBase Manager</p> <p>_____ Handbook</p> <p>_____ Photographer</p> <p>_____ Website Maintenance</p> <p>_____ New Member Conference Fund</p> <p>_____ Think College Brochures</p>  |

2. Purpose of this Expense: \_\_\_\_\_ Date(s) of Event/Meeting \_\_\_\_\_

3. Expense/Reimbursements Breakdown: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Note: Except for Meals, Attach A Receipt for Every Item over \$15.00 Return Time: \_\_\_\_\_

EXPENSE	TOTAL	EXPENSE	DAY 1	DAY 2	DAY 3	DAY 4
Supplies		Travel/ Air &/or Mileage .485				
Printing		Cab/Limo Parking/Tips				
Postage		Lodging				
Telephone		Breakfast \$8.00 Maximum				
Speaker Honorariums		Lunch \$9.00 Maximum				
Other (specify)		Dinner \$17.00 Maximum				
		Other (specify)				

Total Of All Expenses:\$ \_\_\_\_\_ Grand Total: \$ \_\_\_\_\_

4. Make Check payable To: (Please Print) \_\_\_\_\_

5. Send Check To This Person/ Address: \_\_\_\_\_

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

Claimant Signature/Date

Committee Chair or President/Date

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

Claimant/Person Submitting Form: Printed Name \_\_\_\_\_

7. Send This Claim Form To: Vicki Gack c/o Ripon College Financial Aid Office

300 Seward Street, Box 248 Ripon, WI 54971

8. Treasurer/Payment: Check# \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_ Initials \_\_\_\_\_ Record# \_\_\_\_\_