

TRAVEL REIMBURSEMENT

Please submit this form within 60 days of incurring association related expenses to the current WASFAA Treasurer-Elect.
Expense requests received later than 60 days must be approved by the Finance Committee.

1. Expense Category (Select ONE box below):
Training Activities

- HS Counselor Workshop
- NASFAA Leadership
- NASFAA Training
- Retreat - Office Professionals
- Retreat - President's
- WASFAA Conference - Fall
- WASFAA Conference - Spring
- WASFAA Leadership
- Other:

Committee

- Awards
- Early Awareness & Outreach
- Federal Issues
- Finance
- Innovations
- Loan & Financial Awareness
- Membership
- Pre-Collegiate
- Professional Development
- Other:

Services

- Computer Hardware/Software
- Name Tags
- Postage
- Other:

Core Functions

- Executive Committee
- MASFAA/NASFAA
- President
- Treasurer
- Personal Info Coordinator

2. Purpose of Expense:

Date(s):

3. Expense/Reimbursement Breakdown:

**Mileage reimbursement requests should include a copy of [Driving Directions](#) to verify mileage.*

| EXPENSE | DAY 1 | DAY 2 | DAY 3 | DAY 4 | EXPLANATION |
|----------------------------|-------|-------|-------|-------|--|
| Mileage* (\$0.51/mile) | | | | | *PLEASE ATTACH AN ITEMIZED RECEIPT* |
| Airfare | | | | | |
| Cab/Shuttle | | | | | |
| Lodging | | | | | |
| Breakfast (\$8.00 max.) | | | | | |
| Lunch (\$10.00 max.) | | | | | |
| Dinner (\$20.00 max.) | | | | | |
| OTHER: | | | | | |
| TOTAL: | | | | | |

4. Grand Total:

5. Mail check to:

6. Make check payable to:

APPROVAL: This form must be approved by someone other than yourself (Committee Chair or President).

7. Signed by Claimant

Date

8. Signed by Committee Chair

Date

9. Submit this form by email, fax, or mail to the WASFAA Treasurer-Elect:

Jeffrey Teague
WASFAA Treasurer
P.O. Box 212
Milwaukee, WI 53201-0212

fax: 262-551-5762
email: jteague@carthage.edu