

REIMBURSEMENT FORM

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

- Archives
- Associate Members
- Awards
- College Access
- Corporate Support
- Communications & PR
- Early Awareness
- Federal Issues
- Finance
- Innovations
- Loan & Financial Awareness
- Membership/Nominations
- Professional Development
- Research
- State Issues

Services

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

Core Functions

- Executive Committee
- MASFAA/NASFAA
- President
- President-Elect
- Treasurer
- Personal Info Coordinator
- Other: _____

2. Purpose of Expense:

Date(s):

3. Expense/Reimbursement Breakdown:

***** PLEASE ATTACH AN ITEMIZED RECEIPT *****

NAME OF EXPENSE	AMOUNT	DESCRIPTION/EXPLANATION
		<div style="border: 1px solid black; height: 150px; width: 100%;"></div>
TOTAL:		

4. Make check payable to:

5. Mail check to:

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

6. Signed by Claimant _____ Date _____

7. Signed by Committee Chair _____ Date _____

8. 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