

# 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)					<b>*PLEASE ATTACH AN ITEMIZED RECEIPT*</b>
Airfare					
Cab/Shuttle					
Lodging					
Breakfast (\$8.00 max.)					
Lunch (\$10.00 max.)					
Dinner (\$20.00 max.)					
OTHER:					
<b>TOTAL:</b>					

**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:**

Ben Dobner  
WASFAA Treasurer  
P.O. Box 212  
Milwaukee, WI 53201-0212

**fax:** 262-472-5655  
**email:** [dobnerb@uww.edu](mailto:dobnerb@uww.edu)