

**1. Select Expense Category**

Select the expense category that corresponds with the budget line item the charge should be applied to. For committees that host training events, select the training event for expenses associated with that event and select the committee category for travel costs associated with committee meetings.

Training Activities:	Committees:	Core Functions:
<input type="checkbox"/> High School Counselor Workshop <input type="checkbox"/> NASFAA Leadership Conference <input type="checkbox"/> NASFAA Training/Credentialing <input type="checkbox"/> President's Retreat <input type="checkbox"/> Prof. Development Scholarship <input type="checkbox"/> Student Sup. Sum./Leadership WASFAA <input type="checkbox"/> WASFAA Conference - Fall <input type="checkbox"/> WASFAA Conference - Spring <input type="checkbox"/> WASFAA Leadership Retreat <input type="checkbox"/> Other: _____	<input type="checkbox"/> Advocacy & Legislative Initiatives <input type="checkbox"/> Awards <input type="checkbox"/> College Access Resources <input type="checkbox"/> Communication & Public Relations <input type="checkbox"/> Early Awareness & Outreach <input type="checkbox"/> Finance <input type="checkbox"/> Innovations <input type="checkbox"/> Loan & Financial Awareness <input type="checkbox"/> Membership <input type="checkbox"/> Professional Development <input type="checkbox"/> Research <input type="checkbox"/> Other: _____	<input type="checkbox"/> Bonding/Insurance, etc. <input type="checkbox"/> Corporate Support <input type="checkbox"/> Executive Committee Travel <input type="checkbox"/> Personal Information Coordinator <input type="checkbox"/> President NASFAA/MASFAA Travel <input type="checkbox"/> Postage <input type="checkbox"/> Other: _____
		Services:
		<input type="checkbox"/> Charitable Donations <input type="checkbox"/> Name Tags <input type="checkbox"/> Technology Related Fees <input type="checkbox"/> Other: _____

**2. Provide Expense Details**

Date(s) of expenses:		Amount:	\$
Detailed description of expenses:			
<input type="checkbox"/> Reimburse requestor (itemized receipt/invoice must be attached) <input type="checkbox"/> Pay invoice (itemized invoice must be attached) <input type="checkbox"/> WASFAA Debit Card was used (itemized receipt must be attached)			

**3. Provide Payment Information**

Check made payable to:	
Street Address:	
City, State, and Zip Code:	

**4. Obtain Approval**

Claimant's Signature:		Printed/Typed Name & Date:	
Committee Chair or President's Signature		Printed/Typed Name & Date:	

**5. Submit Form and Documentation**

Submit this form with signatures and receipts/invoice to the WASFAA Treasurer-Elect: