

1. Select Expense Category

Please submit this form within 60 days of incurring association expenses. Travel Reimbursement requests received later than 60 days must be approved by the Finance Committee.

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: _____

2. Provide Expense Details

Date(s) of expenses:					
Expense	Day 1	Day 2	Day 3	Day 4	Explanation:
Mileage (\$0.51 per mile)					
Airfare					
Cab/Shuttle					
Lodging					
Breakfast					
Lunch					
Dinner					
Other _____					
Total:					

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 detailed receipts to the WASFAA Treasurer-Elect:
 Karie Cunningham | karie.cunningham@wisc.edu | PO Box 212, Milwaukee, WI 53201-0212

Notes:

Mileage reimbursement request must include a copy of driving directions to verify mileage.
 Maximum meal reimbursement rates for Wisconsin travel: breakfast \$8.00 | lunch \$10:00 | dinner \$20:00
 Maximum meal reimbursement rates for out of state travel: breakfast \$10.00 | lunch \$15:00 | dinner \$25:00