

## West Virginia Association of Student Financial Aid Administrators (WVASFAA)

### REIMBURSEMENT FORM

In order to receive reimbursement for approved Association expenses, the treasurer should receive this form within 60 days of incurring the expense.

Please charge these expenses to the following account:

- |  |  |
|--|--|
| <input type="checkbox"/> Administrative Expense/Retreat<br><input type="checkbox"/> Archives<br><input type="checkbox"/> Associate Member<br><input type="checkbox"/> Awards<br><input type="checkbox"/> Awareness<br><input type="checkbox"/> Constitution & Policy and Procedures<br><input type="checkbox"/> Executive Committee<br><input type="checkbox"/> Fall Conference<br><input type="checkbox"/> Finance Committee<br><input type="checkbox"/> Government Issues<br><input type="checkbox"/> Long Range Planning<br><input type="checkbox"/> Membership | <input type="checkbox"/> NASFAA Trainer<br><input type="checkbox"/> Newsletter<br><input type="checkbox"/> Nominations<br><input type="checkbox"/> Professional Development<br><input type="checkbox"/> Promotional Committee<br><input type="checkbox"/> Program Committee<br><input type="checkbox"/> School Counseling Training<br><input type="checkbox"/> Secretary<br><input type="checkbox"/> Spring Conference<br><input type="checkbox"/> Treasurer<br><input type="checkbox"/> Website<br><input type="checkbox"/> Other _____ |
|--|--|

Purpose of the expense \_\_\_\_\_ Date(s) of activity \_\_\_\_\_

Expense breakdown (attach receipts for all expenses except meals and mileage):

Expense	Total	Expense	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Supplies		Travel-Mileage Current state rate/mile (0445)						
Printing		Cab/Limo/ Parking/Tips						
Postage		Lodging						
Telephone		Breakfast-*						
Speaker/ Honorarium		Lunch *						
Meeting Rooms		Dinner *						
Rental Car		Other:						

\*State of WV rules apply – refer to <http://www.state.wv.us/admin/purchase/Travel/TMRegs.htm#SECTION%206>

Grand Total \$ \_\_\_\_\_

Make check payable to: \_\_\_\_\_  
 (Please print) \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Claimant's Signature/Date

\_\_\_\_\_  
 Committee Chair/President's Signature/Date

Send completed form to the WVASFAA President for signature.

Treasurer's Use Only: Check#: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 UPDATED 4/08 CFRAZIER