



# Expense Reimbursement Form

**Dates of Incurred Expenses:**

begin

end

Officers and members of the Association are reimbursed for expenses incurred for Executive Board, committee meetings, conferences, and other business conducted for the benefit of MASFAP. An Event or Activity Expense Reimbursement Form must be submitted to the Treasurer after it is signed by the appropriate committee chair or an officer. All expenses should be held to a reasonable cost and require receipts.

**Description of activity:**

**Itemization of expenses:**

<b>Expense Description:</b>	<b>Expense Amount:</b>
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<b>Expense Description:</b>	<b>Expense Amount:</b>
	<b>Expense Total:</b>

**Account/Committee to charge:**

**Make Check Payable to:**

**Mail check to:**

**Payee Phone Number:**

I certify that the above claim is correct and that the expenses were actually incurred by me in the performance of my duties for Missouri Association of Student Financial Aid Personnel (MASFAP). I have attached supporting documentation as required.

\_\_\_\_\_  
Claimant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval Signature (appropriate officer/committee chair)

\_\_\_\_\_  
Date

**Send completed form and receipts to:**

**Missouri Association of Student Financial Aid Personnel (MASFAP)**

**Attention: Treasurer**

**2208 Missouri Blvd, Suite 102, Box 308**

**Jefferson City, MO 65109**

**finance@masfap.org**

Treasurer's Use Only				
Date	Check #	Amount	Acct # Charged	Initials
	#	\$	#	