



Travel Expense Claim Form

Officers and members of the Association are reimbursed for hotel, meals, and travel expenses incurred for Executive Board and committee meetings (excluding MASFAP conference attendance) upon submitting an Expense Claim Form to the Treasurer after it is signed by the appropriate committee chair or an officer. Automobile mileage is reimbursed at the current rate established by the State of Missouri, all other expenses should be held to a reasonable cost and require receipts. ***To document actual mileage, please attach a copy of map (i.e. Google maps or MapQuest).**

Name: _____ Date Submitted: _____

Account to Charge: _____

Dates of Incurred Expenses: _____ to _____

Destination: _____

Purpose of Travel: _____

Make Check payable to: _____

Mail Check to: _____

(street, city, state, zip)

Email Address: _____ Phone Number: _____

ITEMIZE FOR EACH DAY

DATE:								TOTALS:
*Mileage _____ miles @								
Lodging								
Breakfast								
Lunch								
Dinner								
Transportation/Air:								
Other: _____								
TOTALS:								

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
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